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Original.

NEW METHODS EMPLOYED FOR THE RELIEF OF IMPAIRED HEARING, ESPECIALLY BY THE USE OF THE PHONOGRAPH, VIBROMETER, VIBROPHONE, AND METRONOMIC EAR MASSEUR. *

BY LOUIS J. LAUTENBACH, M. D., PH. D., PHILADELPHIA, P.

I present this short paper in order to direct attention to a comparatively new way of treating the ear, with the view of restoring or benefiting defective hearing and dissipating tinnitus.

Contrary to former beliefs, hearing is not to any great extent dependent upon the integrity of the drum-head, but rather upon the preservation of the proper relationship of the various parts of the sound-conducting apparatus. It is now known that if the external meatus be clear and the auditory nerve intact, not only may the membrane be perforated, but even extensively destroyed, provided the chain of bones be normal and in perfect adaptation, the hearing will be perfect. To illustrate this, I call attention to a case I treated in 1883. In a case of long-standing suppuration with extensive granulations, I succeeded, upon the careful and complete removal of the granulations, and the subsequent subsidence of the middle-ear inflammation, in retaining Shrapnell's membrane, with the chain of bones, in perfect position. The consequence was that the hearing for the voice, as well as metallic sounds, became perfect and has so remained.

Perfect hearing depends, then, upon the exact balance of the ossicles one to the other and to their proper relationship to the oval window and drum-head, between which they are suspended. If any or all of these parts are abnormal in any way—as, for instance, as to the weight of one or more of the bones, or if there be any abnormal attachments between the ossicles, or between the stapes and oval window, or any attachment of the drum-head to the inner wall of the middle ear—there will be derangement of that nicety of adjustment, that perfect balance which is so necessary to good hearing.

The membrana tympani may be considered as little more than the outer fixation point of the ossicles—as a protector for the middle ear, in small part, aids the hearing by concentrating all sounds and upon the short process of the malleus.

Seeing the necessity for perfect freedom of motion in this sound-conducting apparatus, we can readily understand the importance of preventing or, should such exist, removing any attachments of these bones to each other or to the surrounding parts. Any effusions upon them—effusions even if unattended by the formation of attachments—may occasion overweighting of some one of these delicate bones, and thus interfere with the proper conductibility of sound. Should these unfortunate conditions occur, we then have impaired hearing, and usually a greater or less degree of tinnitus.

Numerous operations and methods of treatment have been devised for these cases. They aim either to restore the parts to a normal condition, or to conduct the sound directly to the oval and round windows without the intervention of the ossicles. This latter was accomplished either by perforations or destruction of the drum-head, or the removal of one or more of the ossicles, with or without the drum-head. Since Schwartze first removed the drum-head and malleus in 1873, until the present, operations on the ossicles have become

* Read May 23, 1894, before Philadelphia County Medical Society.

more and more frequent, until recently we find one writer reporting some 300 cases of these operations in about two years. Most operators remove the drum-head with one or more of the ossicles, but Jack removes the stapes alone without the drum-head, evidently reasoning that as ankylosis exists almost always at the juncture of the stirrup in the oval window, by thus removing the stapes the sounds will be carried directly to the membrane of the vestibule. I have performed excision with the removal of one or more of the ossicles but twenty-three times. I, however, do not think it should be resorted to until all other methods to restore mobility have failed. In future I intend to perform it only in such cases as, where after prolonged, careful treatment, especially after the thorough use of the instruments I will show you to-night, I fail to relieve distressing tinnitus or very defective hearing. I will then perform it only as a last resort, as when the ossicles are gone and there is no improvement, there is not much probability of future help.

Massage methods, or methods to break up adhesions within the middle ear, may be said to date from the time that Guyot reported the invention of the Eustachian catheter to the Paris Academy in 1724. He not only opened the Eustachian tube, thus relieving the tension of the membrane and ossicles, but forced air through it into the middle ear, thus forcing the membrane and ossicles back into their normal position, loosening or breaking any attachments that had been formed. The methods of Valsalva and Politzer were but applications of Guyot's idea, their object being the same.

It is, however, not of these methods which operate through the Eustachian tube, but of such methods as exert their beneficial action by increasing and diminishing pressure on the membrane and chain of bones, through the external meatus, to which I will call your attention to-night.

Massage methods as applied to the ear can be separated into phono-massage, the massage occasioned by sounds; pneumo-massage, that occasioned by the condensation and rarefaction of air in the meatus; pressure-massage, where direct pressure is applied to the membrane or ossicles, and mixed massage, a combination of pneumo- and phono-massage.

Probably the first method employed to produce massage was by means of the open hand so adapted to the ear as to produce a suction effect, alternately pushing and removing it with a slightly sliding motion. This method, as well as the one of opening and closing the meatus by the use of finger, as we often see swimmers do, was undoubtedly practiced by the ancients.

Cleland in 1771 recommended the sucking of air from the external meatus for therapeutic purposes, but it was later forgotten until Moos brought the method of rarefaction of air in the external meatus again into use as a means of treatment. A method formerly employed was by means of the suction of a syringe, with an olive-shaped tip. The tip having been adjusted to the meatus, the piston was drawn back, and, by means of the vacuum produced, the membrane was drawn outward; hemorrhage and even rupture of the membrane was often thus occasioned.

The first scientific instrument to accomplish massage, the Siegle otoscope or pneumatic ear speculum, was presented to the profession in 1864. This instrument was followed by the fungoid-shaped balloon of Lucae, and the rarefacteur and masseur of Delstanche. Siegle's otoscope consisted of an air-tight ear speculum closed without by a glass plate, and connected with a tube to which a mouthpiece was attached. By inserting the speculum the membrane could be examined and its movability determined by suction of the mouth. By alternate suction and condensation, massage was accomplished. Lennox Browne improved the instrument by substituting a rubber bulb in place of the mouthpiece. Delstanche substituted a small double-valved air-pump, and then called it the rarefacteur. Later, Delstanche used a tube, inserted into the meatus, and produced rarefaction and condensation by means of a small hand-pump, capable of regulation, calling this the masseur; but in this instrument he omitted the speculum and thus was unable to see just what effect he was producing. Lucae about this time began to use massage directly on the short process of the malleus by means of this elastic pressure sound, alternately pressing and relieving the tension.

In 1884 Sexton used double ear tubes as a method of education of those suffering with defective hearing, apparently unconscious that he was on the

threshold of an important discovery. It is of this instrument that Spear said: "It was invaluable to stimulate the auditory nerve whose functions have become impaired by disuse." It remained for Currier to discover that, not only was it a good teaching method, but that the hearing often improved. These were, so far as I know, the first applications of phono-massage.

In 1887 Maloney presented the otophone to the public. This was nothing more than a speaking-tube closed at one end by a diaphragm. He used it not only as a speaking-tube, but also as a method of improving the hearing, by means of the massage it effected on the drum-head and ossicles.

In 1891 Garcey commenced to use the phonograph to improve the hearing; he was followed by Leech and Houghton. Instead of using the ordinary records, they used cylinders with lines made not by sound, but graved more or less deeply. In 1893 McFarlane used the phonograph, with the ordinary cylinders, for the same purpose.

In 1892 Garcey commenced to use a string instrument—the sounds made by the vibrations of the strings of a banjo being conducted to the ears—which he called the vibrometer. This instrument has been very much improved of late, and now consists of four strings stretched over a banjo-frame. The strings are set in vibration by a pronged wheel, which, as it revolves over them, picks the strings, the sounds being carried to the ear by the ordinary double ear tubes. One string can be thus played, or two strings may be kept in vibration. In addition to this, the instrument is provided with a suction apparatus. There is a diaphragm in an air-tight cavity within the banjo-head, which is moved up and down by the motion of an eccentric on the shaft, and connected with this cavity is a pair of double ear-tubes. You are supposed in this way to be able to obtain simple massage, but as a matter of fact there is a great deal of noise traveling into the ears as long as the machine is in motion.

The vibrophone is an instrument introduced last year, the purpose of which is to carry to the ear the sounds of a rapid or slow interrupter of an induction circuit, as well as to produce, at the same time, a distinct change in the air pressure on the drum-head. As originally constituted, it carried sound only, but has been modified as above at my suggestion.

Wilson has used the telephone for the production of ear massage. Semrock has used the tuning-fork for the same purpose. Hundreds of others have experimented with the tuning-fork in the same direction.

Before describing my own apparatus I will briefly refer to the methods mentioned. The old mechanical methods of applying massage by the hand produced good effects, but were crude. Cleland's and Moos' methods labor under the same disadvantage. The Siegle speculum, the rarefacteur and masseur are all of value, but they cannot be continued as long as many cases demand, nor can they be as carefully regulated as desirable. Sexton's conversation tubes are of value, as is likewise Maloney's otophone, but they are conductors of sound and sound vibrations, and while they independently of this yet produce motion of the membrane and ossicles, this is not capable of exact regulation, nor is there any way of using massage without the sound. This same objection holds also so far as the vibrometer and vibrophone are concerned; neither of them gives massage without sound, although the vibrometer is supposed to answer these requirements.

It seems reasonable to suppose that in some of these cases of defective hearing associated with more or less immobility of the sound-conducting apparatus, the auditory nerve may be exhausted or diseased. We find it so in mill hands and in boiler and sheet-iron workers; their auditory nerves become at first over-stimulated, and later exhausted. In treating such cases, as well as in hyperesthetic conditions of the auditory nerve, as little sound as possible should be transmitted for fear of occasioning further damage. To treat such cases I found silent or simple pneumo-massage was required. To accomplish this, I constructed a machine in which I had a slow and fast interrupter in connection with an induction coil, and connected with this was an air-tight telephone with a double ear-tube. Each make and break of the current causes a to-and-fro motion of the telephone diphragm, and this occasions a corresponding motion of the ear drum. Later, I began to use instead of my induction coil interrupters a metronome to make and

break the current, and find it better in every respect. With it I can produce anywhere between forty and two hundred and eight to-and-fro motions of the drum membrane per minute, the amplitude of motion being dependent upon the size of the diaphragm and strength of current, both of which I can regulate. I have called this instrument the metronomic ear masseur.

For some two months I have been experimenting with the phonograph, both as an ear-test and as a remedial agent. For the former purpose I have found it the most accurate and the best test I have at my command. As a remedial agent, especially for the application of phono-massage, I have found it very valuable. For this purpose I use voice and instrumental records as well as mechanical records. By this I mean records that have been produced by cross-lining the cylinders, or regularly grooving with lines parallel to the axis of the cylinder (making the lines on some cylinders deep, on others shallow; on some close together, on others far apart).

The work with the phonograph has not progressed sufficiently far to allow me to speak as to its true scientific value. I can only say that it has, in my hands, proven to be by far the best phono-massage instrument I have employed, as sounds of any desired pitch or quality, and practically of any required volume, can be thus obtained.

It is evident, from what has been said, that massage is a method which will prove of value in the treatment of diseases of the ears, that it will in many cases obviate the necessity of severe operations, and give better results. Unlike these operations, the parts are left intact, so that should massage fail there is still an opportunity for further measures.

It may be applied by any one of four methods which, for convenience, although not strictly accurate, may be termed: 1. Pneumo-massage; 2. Pressure-massage; 3. Phono-massage; and 4. Mixed massage. The method to be employed corresponds to the case in hand; the caution to be observed is, in cases where the internal ear is affected, not to use too violent pneumo-massage, nor too shrill phono-massage, but to apply it most carefully, as otherwise there is danger of labyrinthine hemorrhage.

The time the massage is to be employed varies greatly with the variety employed, and the nature of the case in hand. Pneumo-massage can be used from two minutes in acute cases, to as much an hour in chronic cases; and from about one minute when the shrill phono-massage is used, to 15 minutes when the sounds are deep bass tones or are of small volume.

Of course, constitutional and other local treatments are as necessary when this method is employed as without it, although you will observe from my cases here quoted, that cases which had been treated and thoroughly treated, and yet failed to improve, improved steadily when the massage treatment was adopted. In other cases where the regular ear treatment occasioned no change, the patient was transferred to the massage treatment, and improved markedly in a few treatments.

The following conclusions are a natural inference:

1. Poor hearing, when unconnected with closure of the meatus or disease of the nerve, is usually the result of some want of mobility in the sound-conducting apparatus.

2. This want of mobility can almost always be overcome by the use of massage, especially pneumo-massage applied directly to the membrane tympani or ossicles.

3. That the pneumo-massage in ordinary cases is the most serviceable, phono-massage being especially indicated where there is a necessity of exciting the atony of the auditory nerves caused by disuse.

4. That as the mobility of these parts increases, the hearing is restored and the tinnitus disappears.

5. That the results are most favorable in cases of hypertrophic catarrh, and in cases with retracted and perforated membranes following suppuration; less favorable in the proliferous variety of catarrh; and unfavorable in the atrophic variety and in cases of involvement of the auditory nerve-endings.

6. That the treatment will in great part supplant the removal of the ossicles and similar operations, which operations should never be entered upon for the restoration of hearing or the removal of tinnitus until massage methods have been given a thorough trial.

CHLORAL HYDRATE—SOME OF ITS USES.*

BY BEN. H. BRODNAX, M. D.
Of Brodnax, Louisiana.

In conversations with physicians at various times I have noticed they viewed chloral as merely a hypnotic, and had used it only for the purpose of relieving pain, thereby inducing sleep. I have been a little surprised at this want of knowledge of its other equally valuable properties. Early in my practice I tried to make a few medicines, combined or by themselves, do all that they would for me, and was led into experimentation with them. Chloral came in for its share, because it relieved pain, quieted the nervous system and did not paralyze the bowels.

As a hypnotic, five grains of chloral combined with laudanum or with one-eighth or one-quarter grain of morphine acts splendidly, the combination intensifying the effects of each and depriving the opiate of its stimulating property. With children by itself, in sweetened water, it has no equal; mixed with paregoric, it is also good.

I prepare it as follows: I just cover the amount in my case vial with glycerin—this dissolves it, and a drop is about a grain. In this form it mixes readily with oil or water, and is more quickly prepared, and more easily divided into doses, large or small. With castor oil the dose one to five grains renders it less nauseating, and does not gripe, at the same time producing quiet and rest.

Applied to the skin in eruptive diseases—measles, urticaria—as follows: Chloral, 10 grains (drops); carbolic acid, 10 grains (drops); water or oil, 1 to 2 ounces, almost instant relief is experienced of the intense itchings. Or chloral, 10 drops; glycerine and water, each ½ ounce, produces the same effect.

As a mouth-wash: Chloral, 10 grains; glycerin and water, each ½ ounce (a teaspoonful), produces a pleasant cool sensation in salivation or as a gargle. After holding it for a moment in the mouth it should be rejected and an equal amount of the fresh solution may be swallowed. Carbolic acid (10 drops) added makes it more effective in ulceration of the mucous coverings. It seems to act on the nerves locally, the same as chloroform by inhalation does on the body.

In toothache: Chloral, camphor, glycerin, carbolic acid, equal quantities, applied on a small piece of cotton after cleaning the cavity, will relieve the pain. (Cover with more cotton to fill the cavity). I keep the mixture, ready made, under the name of "Toothache drops," in my medicine case. If the patient has lost sleep I give a full dose of chloral by the mouth.

For ulcerated sore-throat, or ulceration from any cause, such as scalds: Chloral, 10 to 15 drops (grains); water, 1 to 2 ounces, as to age; sugar, to make it palatable to children, a teaspoonful, repeated at short intervals until sleep is induced, then on waking to keep them fully under its influence. My first experience was on my only daughter, 4 years old. The case was so severe I feared I would lose her, and to get rest for her, gave as above, after having tried everything else I knew of. The almost immediate relief of all the bad symptoms led me to think the medicine acted otherwise than merely as a rest-producer. Since then, for ten years I have used it with the utmost satisfaction to myself and patients.

Earache: Camphor, 10 grains; chloral, 10 grains; carbolic acid, 10 grains; castor oil, ½ ounce. Drop into the ear warm. Fill the ear full, apply a piece of cotton wet in warm water to fill the external ear, then a cloth wrung out in hot water as warm as can be borne. I have seen some almost crazy children go to sleep in two or three minutes and awake free of their troubles.

As an aid to chloroform in surgery or obstetrics, 10 to 15 grains, given twenty minutes before administration of the anæsthetic, seems to intensify the effect and less than one-half of it is needed to produce the desired effect. In my obstetric practice for the last fifteen years I have used it, and have observed but one case where any unpleasant effects were induced. This was in a woman with her tenth child. I gave the chloral to relax the system, 10 grains; in half an hour 5 grains more; in half an hour the chloroform. It affected her almost immediately, and the child advanced and came away in good style, but the woman seemed to be dead drunk and incapable of moving herself. She slept soundly for several hours and awoke all right. She was conscious and would answer questions,

* Read by Oscar H. Allis, June 13, 1894, before the Philadelphia County Medical Society.

but could not use herself. This was the first time she had taken either of the drugs, and she may have been susceptible—easily affected. Chloral, given before the anæsthetic, seems to tide them over the excited stage of anæsthesia. The first few whiffs of the anæsthetic produce quiet without any excitement. I have used it in a few surgical cases with the same effect. In children a full dose of chloral, and when sleep comes on they are anæsthetized in that state, and the force often necessary, otherwise, is avoided.

In coryza, where the Schneiderian membrane is very irritable, chloral, 10 grains (or drops); castor oil, ½ ounce, used with a soft mop. applied over the surface, after being dried, acts to check the excretion of mucus, and lulls the irritation and the head-pains.

The supposed influence of the drug on the heart has been urged by my friends against its use. I have not seen any unpleasant effects. In any case where there is a chance of any cardiac trouble, it is an easy matter to fortify the heart with a 1-50 grain of nitroglycerin. In one delicate woman I did this as a precaution, but even in her case I believe it was not necessary. This summarizes my experience with chloral, and when I tell you I use from five to six pounds a year, you may know that it has a very considerable scope. I never prescribe it in any quantities, so as to create a "habit." In fact, I do not know of a single case of the kind.

BANQUET OF MEDICAL EDITORS AT SAN FRANCISCO.

The annual banquet of the American Medical Editors' Association was held in Maple Hall, Monday night, June 4, tendered to them by Mr. R. E. Queen, of San Francisco. Covers were laid for 200, and fully 150 of the men who publish the advances of medicine and surgery to the world sat down to the feast.

Dr. Charles S. Hughes, of St. Louis, Mo., president of the Editors' Association, just after the caviare introduced to those present Dr. I. N. Love, of St. Louis, as toast-master, assuring the guests that it was only with the latter's assistance, collaborating with Shakespeare and Tom Moore, that the feast of reason on the menu cards had been gotten together.

Sandwiched between the paupielle of salmon and the renaissance beef Dr. Love gave it out that the toasts would be informal in their recurrence, and that the most distinguished speaker might find himself at any moment between the young squab and the punch, with only a few moments to save himself.

And the banquet went on and the responses followed thick and fast.

Dr. Hughes, the president, congratulated his "fellow cranks" that the revolutions of the wheels of time had brought them all together in the lovely city of San Francisco, where they had such a splendid promise of a lively time. They would enjoy all the sights and could look in the bright eyes and gaze on the handsome faces of the beautiful wives and daughters of California, whose qualities of head and heart have done so much to make the men of San Francisco what they are.

The doctor, whose especial business it is to treat brains, spoke highly of those which composed the Medical Editors' Association, and paid a high tribute to their work in advancing the medical profession.

This response was followed by loud applause and Dr. Henry O. Marcy, of Boston, ex-president of the association, responded briefly to the "Editors' Association." Dr. P. O. Hooper, of Little Rock, Ark., responded to the toast, "The Board of Trustees of the American Medical Association." Dr. John B. Hamilton handled "The Journal of the American Medical Association," of which he is editor, in a clear manner, and was followed by Warren Olney, of this city, who toasted and welcomed "Our Guests."

Responses had been arranged to toasts in rapid succession as follows: "The Physicians of California," Dr. L. Cooper Lane, of San Francisco; "The Lawyer and the Doctor," by E. R. Taylor, M. D., president of the San Francisco Bar Association; "Woman," Dr. Lyman Beecher Todd, of Lexington, Ky., at which place they are known to be very beautiful; "The Medical Purveyor—Handmaiden of the Physician," Dr. A. L. Hummel, of Philadelphia; "The Old Guard," Dr. R. Beverly Cole, president of the medical department of the State University.

The miscellaneous toasts followed without number, and some of the brightest hits of the symposium were made during their delivery.

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PHILADELPHIA, JULY 7, 1894.

RECAPITULATION OF OUR LAST VOLUME.

It may be pleasing to our subscribers, and others, to note the amount of work done by "The Times and Register" during the past six months, and comprised in volume 27.

First of all it is to be remembered that the price of subscription to this journal is the lowest in this country for a weekly scientific periodical of its class; hence we ask our readers to consider what they have obtained during the past half year for fifty cents.

There have been printed seventy-five original articles in the last volume; one hundred and one editorials, ninety-seven extracts under the head of "medicine," most of which are from French journals; seventy-five extracts under "Surgery," some of which contain much original work of the editor of this department; fifty-five extracts under "Therapeutics;" forty under "Ophthalmology," nearly all of which was original work; thirty-seven under "Electro-Therapeutics," which shows a vast amount of original work by the editor of this department, as the subject is so new that there is not a great amount of current literature in circulation; twenty-one extracts under "Gynecology and Obstetrics," and over one hundred and fifty articles in the miscellaneous columns, including prescriptions, notes, etc.

In total, over 550 articles have been printed, on 422 pages, which, if the subscriber desires to bind, will make a very complete book of record for the medical events transpiring during the past six months.

It may be stated that this volume, which now opens, will pursue the same course as its predecessor, and we trust that we may be able to give our readers as valuable (if not more) a volume as that just closed.

It must be borne in mind that our aim is not for lengthy articles, but short and practical ones. We are obliged to print in small type in order to place the price at $1 a year. We trust we may receive the support of the profession, both in contributions to the literary columns and to the respective department editors, whose addresses appear for the purpose of direct communication. We are always glad to hear any criticisms from our subscribers, and appreciate any private remarks made us for the welfare of this journal.

There has been some complaint regarding the adoption of the metric system for prescriptions. We shall in the future strive to obviate this by translating under the ingredient its English measure as given in the formula.

Occasionally articles are sent us too long for one issue and too valuable to abstract. This occurred with the recent address of the president of the American Medical Association, which we printed June 9, and before any other medical journal except that of the association itself (which published the same on even date). We regret to be obliged to continue articles, but it must be remembered that when the volume is bound that the whole article will appear in its pages.

We thank our contributors for their valuable and friendly service, and trust our rapidly increasing patronage will find in the "Times and Register" a profitable investment, and one which can be afforded by all of the profession.

We should enjoy publishing some of the many congratulatory letters we receive, but consider our space is for scientific purposes rather than private matters, and that our subscribers are entitled to what they pay for every time.

ANOTHER SURGICAL JOURNAL LAUNCHED.

The Railway Surgeon is the title of another claimant for honors and patronage in the field of medical journalism; this time the new arrival coming from Chicago, our formidable Western neighbor.

The journal is the organ of the National Association of Railway Surgeons, which, it appears, has a membership of 2000 or more practitioners.

It might seem that, just now, we have too many medical journals of a fifth-rate order, and, that, to put forth another, unless strongly backed and ably edited, would be a hazardous enterprise. But this journal starts out with a large clientele, its editorial chair is to be filled by one of the cleverest and most versatile writers in this country and its management is committed to the hands of those who will leave nothing undone to insure its success and popularity.

We feel assured that there is a large and ever widening field for a representative "out-and-out" American surgical journal, for none such has ever been published in this country yet. It is bound to succeed, for the great West has never failed in any of her vast undertakings. With the large number of subscribers, the most of whom are well known in their profession, and an abundance of material, it is hard to conceive how the Railway Surgeon can fail. May success and prosperity attend its career and place it in the front rank of the most erudite and original.

CANCER OF THE RECTUM.

Clinicians and pathologists tell us that, for some curious occult reason, with the advances of civilization and an improved condition of the masses malignant disease is on the increase, and that of late years cancerous affections have been greatly augmented.

Some attribute it to the modern excessive use of tobacco. This, perhaps, might hold for the malignant ulcers which fasten on the glosso-bucco-labia-pharyngeal surfaces; but how about the rectum, the seat of about one-fifth of all epitheliomata in the male?

No, it will not unfold the mystery of this terrible affliction; for cancer of the rectum is one of the most loathsome and agonizing of all forms of this disease.

Happily, however, in a considerable number of cases it may be radically eradicated by modern surgical methods, and, when thus disposed of, may never reappear.

Kraske's operation in skilled hands is not a dangerous procedure. It will afford immediate relief, and is an enormous advantage over any of the colotomies, which only provide a precarious outlet for the discharges and make no impress on the local disease.

With appropriate precautions to draw the bowel well down, to fix it in the ischio-rectal fossa and properly turn in an approximate the divided integument, a very respectable and useful anus may be provided by the Kraske method of excision.

Let us, then, in this class of cases recommend early and radical operation, for it provides relief from mental distress, gives an additional lease to life, and, in certain cases, effects a permanent cure.

SURGICAL OPERATIONS AND THE HOT WEATHER.

The question is often asked: Should we operate in hot weather, and will our patients do as well in this season as in any other?

Without question this must be answered in the affirmative.

The vast proportion of our traumatic surgery is done during the warm season; for this is the time of year when more men are employed in dangerous occupations. The volume of every kind of pleasure travel is enormously augmented, and in consequence accidents are more common.

It is the season when the teacher, worn out with his nine months or more of close mental application, seeks repose in travel, or at some quiet resort in the country, and in so doing he misses the most valuable yield in traumatic surgery.

Wounds kept aseptic and the patient lodged in well ventilated apartments do better in summer than winter.

Reparative processes are more prompt and the dangers of visceral complications in consequence of cold weather or improper clothing or covering is entirely obviated.

It is true that the tendency to bed sores is greater in summer, but when the bedding is frequently changed and the apartments well aired they may be prevented.

Fresh vegetables and every description of fruit are abundant and cheap in summer, and thus we are enabled to eradicate scurvy and place our patient on a diet more favorable to the nutrition of the body, wholesome, invigorating and reconstructive.

There are many other cogent reasons why the summer season offers the best prospect for recovery from every description of surgical operation, whether from a pathological or traumatic lesion.

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

RESEARCHES ON THE LIQUID OF ALBUMINOUS PERIOSTITIS.

This singular type of bone disease, the author tells us, was first described by M. Ollier, whose studies and researches, experimental and clinical, have contributed more to place our knowledge of osteo-genetic processes and every description of osteoplastic operation on a sound basis than any other living surgeon.

"It is characterized," says Ollier, "anatomically by an accumulation under the periosteum or in the lamellae of this membrane of a viscid liquid, stringy, albuminoid and transparent; analogous to synovia."

According to this eminent author many surgeons have observed "albuminoid-periostitis" in rheumatism and in tuberculosis, while others have regarded it as a lymph accumulation or simple varieties of osteo-myelitis infections.

In spite of the vast number of researches which have been made on this recent addition to the roster of bone maladies, both by clinicians and bacteriologists, the origin and nature of it are yet little known.

The specific gravity of the exudate found varies from 1012 to 1030; its reaction is alkaline, due to the presence of carbonate of soda. Its color is usually a deep yellow or faint pink. On boiling it coagulates solidly. Desiccated, we derive a dry residue, hard, yellow and transparent. By the addition of alcohol free urea is detected, and when ether is applied its fat globules are melted down. Its chief constituents are albumen, 75 to 80 per cent., the remainder a mixture of azeote fat and various salts.

The author gives at considerable length a full and analytical report of its varying constituents.

Note by the translator—This no doubt is the opening of a series of experimental and clinical investigations, which, without doubt, will in the near future revolutionize our views on pathology and treatment of very many painful conditions of the limbs, heretofore, which, after a sort of rule of thumb fashion, have been set down either as rheumatic or neuralgic in the adult; and which in the young we say are "growing pains."

The role of the periosteum in a vast number of painful conditions is yet but very imperfectly understood, and this offers a most fertile field for the ambitious and enterprising investigator, in which the ways are wide and the rewards large.

Facilities now are at the hands of any one for experimental work, impossible to secure until within 50 years. The harvest, then, should be large and the yield of a high order of merit.

—Revue De Chirurgie, Avril, 1894.

THE TRANSVERSE INCISION IN NEPHRECTOMIES.

By M. Reau.

This distinguished author and operator, at the late International Congress at Rome, presented an essay on the above subject.

He claimed for it rapidity of execution and a greater safety than either the lumbar incision or the intra-peritoneal. By it the operator could proceed with leisure, and with ease control hemorrhage.

A transverse incision is made from the inner side of the umbilicus, directly backward through the oblique and transverse muscles to the lumbar-fascia. Now, the fascia-abdominalis is carefully separated from the peritoneum and pressed inward and forward of the fingers and the hand in the meantime being gradually insinuated and carried downward until the kidney is reached.

The kidney could be now readily raised from its bed in the cellular tissues and lifted into the incision without strain or danger of rupturing the vessels or ureter. If diseased, if could be removed, and if not, it might be restored and fixed in its former site.

In four cases thus treated by the author there had been three recoveries. There was no suppuration. In closing the wound one must always bring the edges of each muscle together and suture them. Union is prompt and solid.

—Revue De Chirurgie, June, 1894.

Medicine.

Under the charge of E. W. Bing, M. D., Chester, Pa.

BRONCHIAL INFECTIONS IN THE AGED.

The same observation may be made concerning broncho-pneumonia as has become classic in connection with endocarditis, that is to say, that there exist both simple infectious broncho-pneumonia and infectious infecting broncho-pneumonia. Observations tend to show that broncho-pulmonary affections in the aged are generally due to the action of the strepto-coccus. The symptoms are chilliness, without marked rigors, great variability of physical signs, with great alternations of temperature, as in pyæmic conditions. The last characteristic is marked.

If we join to the preceding symptoms those which are seen in all cases of pneumonia in the aged, viz.: the small quantity of expectoration and absence of thoracic pain, the diagnosis may be considered made.

The broncho-pulmonary affection described is infectious, and may be (auto) infecting. The pus from the bronchial tubes may set up a true pyæmia. Cases of this nature are more frequent than generally supposed. Before going into the subject, it is necessary to make a distinction between pyæmias in the true sense, what Etrensil calls primary pyæmia, and pyæmias or general infections secondary to a specific infection, the so-called secondary pyæmia. A type of this class may be drawn from the frequent suppurations of serous membranes in the course of scarlatina. Here the scarlatinal germ has opened the door to the germs of suppuration. The same is true in smallpox, mumps, measles, etc.

Quite otherwise is primary (medical) pyæmia. This is an infection arising without the agency of any specific disease, and these pyæmias are numerous and may be subdivided into numerous groups. As to pneumonia of bronchial origin, there are two varieties:

(1) Where the lung affection is secondary to a general pyæmia condition.

(2) Where it is the starting point of the infection.

In a word, broncho-pneumonia from being simply infectious may also become infecting.

The clinical aspect of this infection seems to be regulated by the evolution of the broncho-pneumonia, and it may be questioned whether many cases supposed to be due to and called grippal are not really pyemic. They prosent the same thermometric indications and the streptococcus has been found in the blood. This fluid should always be examined, as the germs may be found here and not in other organs. Broncho-pneumonias may produce pyemia by means of the B. pyocyaneus.

It has been known for some time that the B. pyocyaneus was considered simply as a common saprophyte, devoid of pathogenic power, its chromagenic properties only having attracted attention. Charrin, however, has produced broncho-pneumonias, and general infection, true pyemia, by inoculations of this bacillus. Moreover, it is not a "laboratory" agent only, but a clinical entity, also.

The general symptoms are high fever, severe constitutional effects, prostration, swelling of the spleen, eruptions at first papular, becoming pustular, recalling ecthyma,or sometimes, instead of these,purpura is seen.

A mixture of these germs—the strepto- and staphyococcus, or the streptococcus and B. pyocaneus, present the same characters as described above; but the streptocccus appears to be the ruling power, the dominant germ.

CONCLUSIONS.

The broncho-pneumonias of the aged are generally due to the action of the streptococcus. They may be caused rarely by the B.pyocaneus—the presence of this germ in a state of purity would lead to the supposition that this was the case.

Broncho-pneumonia may become infecting and be the starting point of pyemia, which is diagnosed if articular symptoms are produced in streptococci infections, or cutaneous eruptions where the bacillus has been concerned.

The pyemia may be of varied character, like the bronchitis and broncho-pneumonia, from which it arises.

The infection is not due to a particular virulence of the germs, but to the

favorable nature of the soil furnished by the organs of the aged.

There is a double source of infection, an autochonous infection, due to the sojourn of the bronchial secretions in the dilated and inflamed tubes; and an infection coming from without and produced by the dissemination of the sputa.

The treatment of these cases must be by means of antitoxic serum, and this will be the method in the future. The turpentines would also seem to exert a favorable influence.

—Extract from Gaz. Med. de Nantes by E. W. Bing, M. D.

MODIFICATION OF THE NUMBER AND SHAPE OF THE WHITE CORPUSCLES IN TYPHOID FEVER.

During the disease the number oscillates between 4000 and 9000. In convalescense the number augments considerably. When complications ensue leucocytosis is very manifest.

LUBRICANT FOR URETHRAL SOUNDS, CATHETERS, ETC.

Guyon uses:

R Powd. soap .....50|00
15 drachms.
Glycerine .....25|00
Water .....25|00
7 drachms.
Sublimate ..... 0|02
1-3 grain.

This is antiseptic, without irritant action on the canal, and being much more slippery than the ordinary oils or fats it renders the introduction of the instruments easier.

MORPHINE AND COCAINE HABIT OF TEN YEARS' DURATION SUPPRESSED IN FIVE DAYS.

A physician, 40 years of age, was injecting from 1½ to 2 grammes of morphia per day and 2 grammes of cocaine—hallucinations, suicidal mania, abscess, convulsive attacks, etc., caused him to give up practice. He was treated by the abrupt suppression of the cocaine and the slow suppression of the morphia, and in five days was cured, without other trouble than vomiting and diarrhea.

—Bul. de Therap., E. W. B.

QUININE IN WHOOPING COUGH.

Banon has treated nearly 50 cases by this drug, and reports that in a small number of cases an improvement showed itself in two or three days.

The average duration was three weeks. In some instances quinine cut the disease short; it was specially beneficial where the whooping cough was complicated by acute lung affections.

The author gave three times a day from one to ten cgms. of muriate of quinine.

The maximum dose for older children was 40 cgms. three times a day. As improvement appeared the doses were diminished—sometimes muriatic acid was added.

If there was vomiting, effervescent bicarb. soda solution was added to the quinine.

—Bul de Therap., E. W. B.

THE DOSAGE OF DITHTHERIA ANTITOXINE.

The strength and dosage of Antitoxine Solution have hitherto only been approximately determined by injections into guinea pigs. Although this method affords a convenient and reliable means of determining the strength of the solutions under the strict conditions already laid down by Dr. Hans Aronson, yet it appears that the doses necessary for the prevention or cure of dipththeria in human patients are much larger than calculated from these results.

From extensive experience in the Kaiser Friedrich's Children's Hospital, it has been found necessary to inject 2c.c. Antitoxine Solution into children above the age of 4 years to secure immunity.

The injections are made deep into the subcutaneous tissue behind the shoulders, and when carefully performed have given rise to neither local nor general disturbances in some hundreds of cases.

—Therapist.

Ophthalmology.

Under the Charge of J. A. Tenney, M. D., 2 Commonwealth Ave., Boston.

DETACHMENT OF THE RETINA.

A physician recently consulted the writer because of sudden loss of vision in the right eye. He had been looking through a microscope most of the day, when he noticed that suddenly everything had a green appearance that he saw through that eye. Then green streaks appeared to pass before the eye, and he soon found he had little vision on the nasal side.

The ophthalmoscope showed a dark brown spot in the region of the macula, shaped like the moon in its gibbous phase. Its length was about one-fourth the width of the papilla; the other diameter was about two-thirds of its length. It appeared exactly like a fleck of pigment left over from a former choroiditis. But this was the only thing of the kind to be seen.

Below the dark spot the retinal veins disappeared over about one-fifth of the retinal area. This portion of the eye-ground seemed partly red and partly gray in alternate streaks. As the patient has 6.50 D of myopia, a distinct view of the retina in this portion of the eye was not to be obtained. The vitreous being slightly cloudy made observation more difficult than it would have been otherwise.

The optic nerve had a normal appearance. The arteries were not perceptibly diminished in size and the veins were not swollen. There was no cherry red appearance of the macula, as is seen in embolism or thrombosis.

Three weeks have passed since the loss of vision took place. The spot of pigment has not changed, neither has the wavy appearance of the retina. Central vision has returned slightly, so the patient can count fingers six feet from the eye with 6.50 D. Before the injury he could see 20-xxx with that eye with the same lens.

Under the use of a compress bandage, atropine instillations and subcutaneous injections of pilocarpine no change has as yet taken place in the appearance of the eye-ground.

J. A. T.

OPTIC NEURITIS.

A case was described by the writer under the above heading in this department of "The Times and Register," in its issue of February 3. The patient was a young man of eighteen years. In March, 1893, he came home one day complaining that he could not see with his left eye. After a little, he thought he could see better. He was troubled with vomiting, and had a frontal headache.

Last December he came under the care of Dr. Chipman, of Chelsea, who sent him to the writer for examination of the eyes. He had double optic neuritis of a violent type, and a diagnosis was made out of tumor of the brain.

There was no perception of light in the left eye, but the vision of the right eye was 20-xxx. Iodide of potassium was prescribed in ten-grain doses. There being no improvement at the end of two weeks, the mixed treatment was substituted. In two weeks more the vision in his right eye was 20-lxx. The frontal headache had disappeared.

The vomiting increased, and the right eye became blind. He would often fall down, but there was no paralysis. At the last he was furiously delirious.

An autopsy was performed by Dr. Chipman the 15th of June. He found a tumor about the size of a man's fist, lying in the frontal convolutions, a little to the left side of the centre. The shape of the convolutions was completely copied upon the surface of the tumor, which was easily peeled out of its surroundings with the handle of the knife. The brain was softened everywhere in the vicinity of the tumor.

The skull was nowhere more than an eighth of an inch in thickness, and the light shone through it, when it was held up to a window as it would shine through a china plate. There was an opening in the occipital bone so large that the scalp could be pushed through it with the thumb.

If this tumor could have been located a year ago, it might have been removed. But there was nothing upon which to base an idea of its location, except the frontal headache; and this seemed to disappear upon the administration of remedies.

J. A. T.

Electro-Therapeutics.

Under the Charge of S. H. Monell, M. D., 44 West 46th St., New York.

PREGNANCY FOLLOWING FARADIC TREATMENT OF THE UTERUS.

Mrs. ———, aged 25. Married four years. Had suffered from dysmenorrhea since the first menstruation. Two years after marriage she gradually and, without apparent cause, declined in health, losing over a fifth of her body weight. A course of local treatment extending over a period of nearly a year did little or nothing to arrest her decline, and she finally stopped treatment because she felt unable to go to her physician's office. She had headaches, backaches, insomnia, constipation, and the various reflex symptoms of functional uterine disorder.

In June, 1893, she applied to me for what she hopelessly referred to as a last resort, viz., electrical treatment, as other measures proved so disappointing. My examination discovered only a rather small uterus and cervical canal, but no displacement or condition of disease. She was preparing to leave the city for the summer, and, as a change of scene was advisable, she was sent away after a couple of weeks' daily tonic treatments of alternated bipolar vaginal faradization and static bath.

She returned in August in much better condition, and the same treatment was continued. She reported a decided relief in menstruating, a gain of 18 pounds in weight and an increased freedom from functional disturbances. There was no more backache at all, and despite occasional headaches and impaired sleep she felt greatly encouraged at the result.

In September she became, for the first time, pregnant, and at once felt in better health than she had enjoyed for years. As some slight compensation for her previous troubles the usual morning nausea, etc., transferred itself to her husband, while she went through gestation with but two annoyances that required any notice at all. She was very costive and still slept lightly, and often quite poorly, but otherwise fared exceedingly well.

She recently gave birth to a perfectly-formed nine-pound boy, after a perfectly normal labor, and already her health promises to be re-established upon a sound basis.

There is a decided nutritional value to the method of faradization employed in this case, and which has a very general application.

STATIC ELECTRICITY IN THE LIGHTNING PAINS OF LOCOMOTOR ATAXIA.

In an interesting article on this subject Dr. W. F. Robinson writes as follows:

What can we do to relieve these so-called incurable diseases? Can anything be done to relieve the suffering of persons so afflicted?

This is a most important and vital question. Fortunately for humanity it can be answered in the affirmative.

Not only can something be done, but it is often possible to render these patients' existence comfortable for years; and in the end they may die of some other malady; so that locomotor ataxia would in such a case be shorn of half its terrors.

There are three symptoms which especially interfere with the comfort and usefulness of those afflicted with this disease, namely, the ataxia which interferes with walking, the optic atrophy, and last and most important of all, the so-called lightning pains.

They are called the most important because they are so frequent and also because they render the patient's life a martyrdom when they are severe.

I have had occasion to treat a number of these cases with static electricity, and will briefly state what have been my results.

I will not attempt to give the details of the histories, as it would take up too much time, and, moreover, it is extremely doubtful if cases, when given in minute detail, are ever read at all.

It may be said in general that the action of static electricity in the treatment of these pains has been uniformly good, though not in the same degree. Medicine is of little use in the treatment of these pains, and clinical experience thus far seems to show that it is hardly worth while to lose time in trying to accomplish anything by it. My main reliance is static electricity, and the more I use it the greater my faith becomes.

Just here a word as to the pathology of this disease. We know that it generally begins in the upper lumbar and

lower dorsal regions of the spinal cord, and that the peripheral nerves are also involved. Strange to relate the morbid process does not extend directly from the cord to the nerves, but, on the contrary, it begins at the periphery of these nerves and ascends toward the larger trunks. This fact renders it highly probable that the pains are not reflex in their nature, but on the other hand are due to a lesion of the nerve fibres at their terminal extremities, where they are actually felt.

For this reason the static spark is applied directly to the various spots where pain is felt, and special attention is directed to these points. I first go thoroughly over all the spots that are the seat of pain, making the first sitting about five minutes. If the patient comes every day this may be sufficient for some time. The treatment often drives the pains from one spot to another, and I have always found that when this was the case it was safe to assure the patient that further applications would result in driving them away again, and producing very marked improvement in the end.

It should always be remembered, however, that the pains of ataxia are apt to go as suddenly as they come, and too much credit should not be given to the treatment in cases where it seems to be most wonderfully efficacious.

A fair test of the method is a comparison of the patient's history immediately before the treatment with his condition during the same. Some time ago a patient came to my office with such severe lightning pains that he was not only kept awake at night, but his days were made a torment to him, and he was almost incapacitated from doing business. After the first treatment he had a much better night, and when he received the fifth treatment he was able to sleep from three to five hours. He received in all 20 applications, at the end of which he was able to sleep fairly well almost every night; and the pains during the day, instead of being a veritable torment, were reduced to the condition of a rather severe annoyance.

It is now several months since this case was treated, and his condition remains about the same. I have told him frankly that the pains may return, but he declares that the relief already obtained has been of inestimable value to him, as he has been able to arrange his business affairs, etc., for the future.

Another case came to me with a history of pains affecting both legs, and located principally in the neighborhood of the knees, and left foot and ankles.

He would have terrible attacks of these pains coming on any time day or night, and lasting from one to three hours. He was rarely free from them more than a day at a time.

Here the static sparks seemed utterly powerless to lessen the severity of these pains, but, on the other hand, they had this result: They reduced the attack to periods of less than half an hour, and instead of coming every day or even oftener, he now goes a week or more without a seizure.

I will simply say in conclusion that similar results may be hoped for in other cases of the disease, and we are, therefore, justified in promising these poor sufferers at least some relief by the use of static electricity.

LEVULOSE IN DIABETES.

Dr. Solomon Solis-Cohen, in the London Theraipist, states that levulose, called so because it rotates polarized light to the left, has the same empirical chemical formula as glucose. The rational formula of the two sugars has, however, been shown to be different, which may account for their different relations to the metabolism of diabetes.

Twenty years ago, Kuelz showed that diabetic patients could assimilate levulose and inosite, but only recently has the former been produced as a commercial article. The author has used it for nearly two years, and in some 12 cases of diabetes, and in all it has been assimilated. It is sweet—not quite so sweet as cane-sugar, but sweet enough to enable patients to gratify their palates—and it is useful as a carbohydrate aliment. It turns coffee somewhat black. It is given in quantities of about one ounce a day to lean patients; to stout patients simply as a sweetening.

FORMALIN AS A PRESERVATIVE.

At a meeting of the New York Pathological Society, Dr. Ewing exhibited a specimen of Guanin gout in a hog, the tissue having been placed in a jar on cotton, saturated with Formalin, which had arrested decomposition and destroyed all odor.

—The Therapist.

Miscellany.

TUFTS COLLEGE COMMENCEMENT.

The commencement exercises of Tufts College were held June 20. At the close the degree of M. D. was conferred upon the following ladies and gentlemen:

Le Grand Blake, Boston; May Chadbourne, Medford; J. C. D. Clark, Medford; H. B. Dunham, Ph. G., Watertown; Eudora M. Faxon, M. D., Boston; Rosa Fletcher, M. D., Boston; J. C. Gallison, M. D., Boston; T. F. Greene, Roxbury; C. D. Knowlton, M. D., Boston; J. H. Meigs, Beachmont; R. M. Pearce, Boston, J. McD. Roy, M. D., East Boston; Ella G. Stone, Lawrence; E. E. Thorpe, M. D., Boston; William Walker, Roxbury; W. A. White, M. D., Boston; Ella R. Wylie, Boston.

VARIOUS CHAIRS AT THE MEDICO-CHIRURGICAL COLLEGE FILLED.

The Board of Trustees of the Medico-Chirurgical College met last evening, and elected the following gentlemen to various chairs in that institution: Dr. Isaac Ott, of Easton, Pa., Professor of Physiology; Dr. William E. Hughes, Professor of Clinical Medicine; Dr. Albert E. Roussel, Assistant Professor of Clinical and of Practice of Medicine; Dr. Charles W. Burr, Clinical Professor of Nervous Diseases; Dr. William C. Hollopeter, Clinical Professor of Diseases of Children and Pediatrics; Dr. Arthur H. Cleveland, Clinical Professor of Laryngology; Dr. Edward B. Gleason, Clinical Professor of Otology, and Dr. William Blair Stewart, Lecturer in Therapeutics.

Professor Edwin J. Houston and Dr. Henry Fisher were elected members of the Board of Trustees.

CLINICAL USES OF TRIONAL.

Dr. James S. Kennedy (New England Medical Monthly, May, 1894) writes as follows regarding his experience with trional as a hypnotic and sedative: I have used trional in cases of nervous diseases where no pain accompanied, and nothing could excel its promptness and its continued action was from seven to nine hours.

In melancholia of severe degree, with insomnia, trional always gives prompt relief. One case in particular where the patient could not allow anyone to walk on the same floor, and the least jar of shutting a window or slamming a door would cause wakefulness for hours, was so relieved that it was more than an ordinary noise that could excite her.

In maniacal excitement and cases of marked restlessness, where chloral and paraldehyde were powerless to do good, trional gave sleep for eight hours on a single dose of ten grains. In alcoholic mania its results are not less than in the cases before mentioned. In a case which came under my care some time since, the patient had been howling for over seven hours, breaking everything breakable within reach, was quieted on a 15-grain dose in beef tea, repeated in one hour; sleep followed shortly after the second dose, and the patient awoke six hours afterward in his right mind. There is a secondary effect which comes on from eight to twelve hours after the first sleep, which partakes of a narcotic condition, and an afternoon nap is frequently caused in persons on the day following its first administration. The dose can in ordinary cases be lessened after the second or third period of administration, and the same effect be noted.

On awakening the patient feels refreshed, and there is none of that dread sickness of the stomach, as from opium and its derivatives.

Severe bodily pains and loud noises sometimes lessen the effect of the first dose, but at the second the nervous system seems to take no notice of outside disturbances.

CHARLES WILLIAM BERGNER ELECTED PRESIDENT OF THE MEDICO-CHIRURGICAL COLLEGE TO SUCCEED PROFESSOR PANCOAST.

The Board of Trustees of the Medico-Chirurgical College have elected Charles William Bergner president, to succeed Professor William H. Pancoast, M. D.,

who resigned. Professor Pancoast was elected emeritus president; Professor Edwin J. Houston was elected vice president; Theodore Wernwag, treasurer, and Professor L. Webster Fox, secretary.

President Charles William Bergner was born in Philadelphia December 20, 1854. He is the only son of Gustavus Bergner, who was until his death in May, 1883, president of the Bergner & Engel Brewing Company, and well known in commercial and industrial circles throughout the city. The son received his rudimentary education at a private academy in this city. Subsequently he pursued his studies at the High School at Lawrenceville, N. J., which he left to go abroad. He studied at Augsburg and Munich educational institutions, spending three years in study and travel in European countries.

In 1873 he entered the employ of the concern of which his father was the directing head. Mr. Bergner, intent upon thoroughness in the matter of development as a business man, occupied successively positions in the commercial, financial and manufacturing departments of the company. His keen insight into the details of the business and his manifest and remarkable executive ability were speedily recognized. In 1891 he was elected president of the company, which position he holds at this time.

He has for several years been a director of the Commercial National Bank, the Delaware Insurance Company and the Teutonic Insurance Company. He is vice president of the Guarantors' Indemnity Company of Pennsylvania, and is identified with many other private and public enterprises. Mr. Bergner has been signally honored on a number of occasions. In 1888 he was appointed vice president of the United States Commission of the Brussels Exposition.

In January, 1889, he received a rare honor at the hands of his majesty, the King of the Belgians, who conferred upon him the decoration of the Order of Leopold. He is a member of the Union League, Art Club, Historical Society, Franklin Institute and the German Society.

The board also elected Dr. P. S. Donnellan lecturer on clinical medicine, and Dr. H. S. Anders lecturer on physical diagnosis.

A. E. Kennelly was elected professor of electro-therapeutics, and Edwin J. Houston professor of physics.

Notes by the Wayside.

BY ERNEST B. SANGREE, A. M., M. D.

I notice that a New York parent has brought suit for a large sum against the Board of Health for the loss of his child. His boy died some days after vaccination, and, someone suggesting that death was probably due to that operation, the newspapers promptly took up the hue and cry with the effect noted above.

According to my experience of about 5000 vaccinations the average parent attributes every form of illness that befalls a child for one month after vaccination to that performance. Accordingly, if the child has an attack of indigestion, diarrhea, dysentery, chickenpox, measles or anything else, the vaccinating physician gets credit for the illness; and should the child chance to die he gets the discredit throughout the whole community for poisoning Mr. So-and-So's child. If there is latent in the child a syphilitic or tuberculous diathesis the irritation of the vaccination is apt to stir up this disposition, make it manifest to the eye and thus, by the easy reasoning of post hoc, propter hoc, bring condemnation on the doctor.

Several years ago a mistake of mine in vaccinating a syphilitic boy, though the disease was not apparent at the time, resulted in a few weeks in such striking outward manifestations of this disease that I was a marked man throughout the neighborhood for having given blood poison to little Willie K——. Had the boy died, as I feared he might, there might have been another suit for damages, with me as an unwilling central figure.

After that experience I usually made a point of explaining to parents that vaccination did not protect a child from everything, and that it was just as liable to fall sick of some disease during that period as it was at any other time.

LL. D. FOR DR. WILE.

We heartily congratulate our conferee, Dr. W. C. Wile, the talented editor of the New England Medical Monthly, on his accession to the Doctorate of Laws from the University of North Carolina.

The Times and Register.

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Original.

CHRONIC NEPHRITIS AND LACTOSE.

ADDRESS OF J. D. RYERSON, M. D., PRESIDENT NEW JERSEY STATE MEDICAL SOCIETY, JUNE 26, '94.

Of the different organs of the body that are occupying the attention of physicians, perhaps the kidney is foremost.

The brain, the lungs, liver, heart, stomach and intestines long ago engaged the attention of the ablest men in the profession, to the comparative neglect of the kidney.

But for many years an interest in the kidney has been growing, until, at the present time, there is no other organ that has more ability engaged in its study.

That the interest of the profession in this organ will continue for years to come there is little room for doubt.

That it should occupy increased attention is not without reason, for it is comparatively recent that it has been noticed that disease of the kidney is of more frequent occurence than has been supposed.

A moment's reflection would tend to strengthen this fact, for we know that, for the most part, all violations of physiological law have to be remedied by the kidney. Impaired action of stomach, liver, intestines, heart or lungs; faulty assimilation; overtaxed nervous system; all look to the kidney when in distress.

The promptness and efficiency with which the kidney responds to each call is remarkable. But after countless violations of physiological law, on the part of other organs, it is to be expected that finally the kidney would rebel and refuse longer to endure the abuse of other organs.

That the kidney after long suffering retaliates on other organs, with almost vindicative effect, is now being revealed to the profession. The stomach, liver, intestines, lungs, heart and brain are all made to feel the weight of retributive justice.

It is probable that disease of the kidney is not of more frequent occurrence now than before, but disease of other organs, that was supposed to be of primary origin, is now believed to be secondary to the kidney.

In several forms of heart disease it was for a long time a question whether the heart trouble preceded disease of the kidneys, or disease of the kidney preceded disease of the heart. It is now settled that disease of the heart is secondary to disease of the kidney.

In such disease as cirrhosis, apoplexy, pleurisy, emphysema, bronchitis and pneumonia, although they may occur independently, yet in a great many instances they follow disease of the kidney. The two forms of chronic nephritis are designated by writers, each by several names.

But simply for convenience that form the result of the acute, we will call chronic Bright's disease, and that form often called interstitial nephritis we will call cirrhotic kidney disease.

The pathology of the former has to do mainly with glomeruli, while the pathology of cirrhotic kidney affects mainly the tubes and tubuli.

In making this statement on the location of the pathology in the different forms of kidney affection I feel that I am stating arbitrarily a point that is still in doubt among some pathologists.

The main difficulty in locating the pathology during life arises from the fact that, whenever the disease may originate in the glomeruli, in the tubuli or in the stroma, as the disease progresses the tubuli and stroma may become affected.

And so again, should the tubuli and stroma be first diseased under physiol-

ogical and pathological law, the glomeruli may also be affected.

In cases of autopsies in which the disease is recognized almost all are cases in which the disease has passed through its different stages and presents the almost uniform appearances that are so fully described by different authors. That is disease of both the glomeruli and tubuli.

While the pathology of the advanced stage is rendered so clear by autopsy, it is to be regretted that the doubts of the primary stage of these diseases cannot be removed by the same means.

The difficulties on this point will be readily seen when it is remembered that it is only by an autopsy from accidental death, where the previous history is known, that doubts can be made clear.

Not having the time to explain, I hope I will be pardoned for assuming that primarily there are two distinct diseases: First, of the glomeruli, in which the tubuli may become secondary. This may be called chronic Bright's disease. Second, disease of the stroma and tubuli, in which the glomeruli may become involved.

This last is mainly the pathology of cirrhotic kidney disease. The main points of difference in the symptoms are that in chronic Bright's disease the water excreted from the blood in the glomeruli is diminished in quantity and contains albumen and casts. And the main rational symptoms are cachexia and dropsy.

In the cirrhosed kidney there is increased quantity of urine, few casts, little or no albumen.

Cachexia and dropsy generally absent. But one characteristic is a large number of nervous symptoms. Of the few points we may notice we will give the cirrhotic disease the most attention.

One marked feature of the disease is its frequency.

Chronic Bright's disease and other forms of kidney disease do not appear to occur with more frequency than formerly, but cirrhotic disease of the kidney would seem to be of more frequent occurrence than all others combined.

The teachings of Dr. Bright and others, that cirrhosis of the kidney was the third stage of the acute form and that it should be associated with edema and albumen, has taken such a hold on the profession that medical men have been slow, as a rule, to realize that there is another disease of the cortex of the kidney, and this this form is entirely distinct from chronic Bright's disease.

The profession generally does not realize fully the frequency of interstitial or cirrhotic kidney disease, nor its distinct pathology.

Its well-marked symptoms.

Its better prognosis under judicious treatment.

In a fair amount of general practice done by myself in a little more than two years I have met with 33 cases of chronic nephritis, 29 of which I have diagnosed as the cirrhotic form of the disease of the kidney. This positively large number of cases, and relatively large number of cirrhotic cases, can scarcely be explained, except by supposed frequency of cirrhotic disease of the kidney.

The more recent authorities admit its frequent occurrence. This point may in a measure be realized when it is known how large a number of deaths are ascribed to disease of the other organs, when, in fact, the kidney is the primary cause.

Of 100 cases of kidney disease reported by Mahomed, 17 died of heart disease, 15 died of apoplexy, 18 died of lung disease, 11 died of severe bronchitis and emphysema, 7 died of pleurisy and pneumonia.

In that number of cases the kidney, without doubt, was the primary cause.

Yet in sixty-eight per cent. the immediate cause of death was due to other organs, and in only thirty-two per cent. was the primary and secondary cause in the kidney itself.

Just how and by what agency the different organs become affected from the kidney we will not stop to consider further than to state that the weight of medical authority is, that a poison or an excess of one or more of the normal excretions of the kidneys being present in the blood, increased action on the part of the kidneys is demanded for its elimination. This increased action demands increased force in the circulation. The coats of the arteries become affected in the kidney first, afterwards elsewhere in the body.

Hence the heart, liver, retina, brain and lungs may become involved.

The prognosis in both forms of chronic nephritis is grave, but in that which al-

bumen and dropsy is the more rapid.

In the cirrhotic form the progress is slow—often arrested for a time. It may continue many years and terminate with some intercurrent disease.

While the symptoms of chronic cirrhosis are many and varied and in nearly every case can be recognized early, yet in by far the majority of cases, the disease will come to our notice through sources remote from the kidney itself.

Pneumonia, bronchitis, emphysema or pleurisy may first come to our notice. The heart may demand attention. The stomach and intestines may be affected.

Apoplexy, affections of the spine, disturbances of hearing and of vision. Some one of all these may be the first to direct attention to the kidneys.

Without considering the large number of symptoms, I would only say that an increase in the quantity of urine with low specific gravity, pain in the head, loss of flesh and strength without apparent cause, are symptoms that should direct attention to the kidney.

If there should be frequent headaches, palpitation and dyspnea, general dullness, disturbance of vision, the diagnosis should be clear.

In the treatment of cirrhotic kidney the most dependence has been placed on the correction of injurious habits of living, the avoidance of all habits tending to bring on a recurrence of the disease.

Dyspeptic symptoms should be corrected by proper diet—a milk diet—skimmed milk and buttermilk has been recommended. All authorities agree that it is very important that the patient should select a warm climate in which to live. Small and prolonged doses of mercury are recommended.

In certain disturbed conditions of the circulation iodide of potassium and opium are valuable.

If the disease is recognized early, with judicious management the patient may hope to live many years and in a few cases apparently recover.

I have glanced thus rapidly at a few things in chronic nephritis in order to speak of a treatment that I have practiced during the last two years.

The first case treated was a well-known gentleman, aged seventy-four, of rather extensive and diligent business habits.

About December 15, '91, he began to suffer from dyspnea, insomnia, pain in the head, emaciation, diarrhea at times, pulse irregular and feeble, heart apparently enlarged, urine scanty, dark colored, slightly albuminous, complexion dusky, slight edema and emphysema present. For a considerable time during his illness a part of his diet had been eight ounces of milk a day. The symptoms continued to increase in severity until February 12, '92. They were then of a grave character, pulse rapid and feeble, dyspnea urgent. Only eight ounces of urine excreted in forty-eight hours. Intellect dull. Clear symptoms of coma impending. I believed that death would follow within three days. There had been frequent consultations, and the treatment had been varied. At six P. M. three doses each, containing cocaine, grain 1-6; lactose, 40 grains, were ordered at six P. M., 12 midnight and six A. M. When visited the following morning, the improvement was surprising. The patient was bright and cheerful, had passed the most comfortable night for months, and said he was better after the second dose. The improvement continued and the recovery was rapid and nearly complete. Was in fair health for nearly nine months. The symptoms returned, was only slightly benefited by repetition of lactose, and died in three months.

The lactose was prescribed not only as a vehicle for the cocaine, but also under a recollection of the benefit I had observed from the use of skimmed milk in other cases of kidney disease. I then believed that the active agent in these cases was the lactose in the milk.

After using the treatment most successfully in a few cases cocaine was omitted, and it was found that the effective principle was in the lactose alone.

The following case is perhaps a typical one, both as regard the character and results of the lactose treatment:

N. B., aged 42, a gentleman of considerable business interests, rather slender build, had suffered for nearly a year with pain in the head, with intervals of relief. Had also dyspeptic troubles with diarrhea at times. Also insomnia, restlessness, dyspnea, with or without excretion. Urine increased in quantity at times. No albumen.

The symptoms gradually increased in severity until in April, '93. His countenance was drawn. There was some emaciation and severe cephalgic pain.

After six days of ordinary treatment with no improvement lactose was pre-

scribed in gr. xx. doses four times daily. Saw him three days after; there was marked change of countenance and relief was complete. Said he was better after the third dose. Six months after had an attack of la grippe. Soon after he had to endure severe and protracted mental strain. Had some pain in the head following for a time, but has not been sick enough up to the present time to need medical advice.

The following case illustrates the remarkable effects of lactose with heart complications and cirrhosis of the liver.

C. M., aged 55, merchant, came under my care in March, '93. Had suffered several years with dyspnea. A year before the dropsy had been marked, but was relieved except the abdominal by dydrogogue cathartics. I found him with almost extreme abdominal and general dropsy, insomnia, marked dyspnea, restlessness, urine scanty, no albumen and a very slow pulse, below thirty. One medical gentleman found it twenty-six. It seemed it must soon stop altogether.

He took diureties and diuretin steadily for nine days. No improvement. Prescribed lactose, 40 grs. every six hours; found him in the morning after third dose decidedly improved. Had the best night in two months, was bright and cheerful. Treatment continued. General dropsy disappeared most rapidly. Urine not increased in quantity beyond natural, abdominal dropsy remained. Had cirrhosis of the liver He lived with some comfort for eight months and attended to his business. He passed out of my hands. Paracentisis was performed and he died in twelve hours.

Since the first case mentioned I have treated thirty cases in my own practice, in which I feel confident of diagnosis. Only three cases I regarded as chronic nephritis with exudation.

The remaining thirty cases I regard as cirrhosis of the kidney or interstitial nephritis. Of this number there was noticed:

Emaciation in	22
Insomnia in	28
Dyspnea in	24
Pain in head	27
Emphysema	11
Heart complications	13
Urine examined for albumen	22
Albumen found in	8
Average age	53
Women	20
Men	13

Of this number six have died of:

Apoplexy	3
Exhaustion	2
Coma	1

Symptoms have returned in seven cases with more or less severity.

Fourteen cases had been treated by other physicians.

In eleven cases the disease had been recognized before coming into my hands. Nine cases were seen by several medical gentlemen, diagnosis confirmed and treatment noted.

(To be continued next number.)

BERIBERI, WITH REPORT OF CASES.*

BY J. M. ANDERS, M. D., PH. D., PHILADELPHIA, PA.

Beriberi has many synonyms—as kakke in Japan, Ceylon disease, asthmatic dropsy, "weak legs," etc. The disease was, it is authoritatively stated, well described by Chinese writers as early as the thirteenth century. It remained, however, for the Anglo-Indian physicians of Ceylon and the coast of Malabor to suggest the specific character of the disease. It was for a long period of time believed to be endemic only, with quite limited geographical distribution in Japan. We find that, prior to the last quarter of a century, the bibliography of the disease was rather scanty, but since the beginning of that period it has received important additions.

Among the more recent results from investigations into the subject two facts, which deserve especial mention, are furnished by the literature: (a) that beriberi has, as shown by the writings of Tarissau (1) (Duane B. Simmons (2), and others, a permanent habitat in widely-separated regions of country. For example: it occurs endemically in China, Japan, the East and West Indies, parts of South America, and "all the islands and shores of Eastern Asia and Africa from Japan to the Cape of Good Hope." And, when the conditions are favorable, epidemic outbreaks, which may extend far beyond the confines of its endemic territorial distribution, occur from time to time. (b) The announcement by Scheube and Baelz that, as the result of their clinical studies, the disease can be shown to be a primary peripheral neuritis.

In this connection the few historical facts pertaining to the limited outbreak of the disease on a steamer bound for the port of Philadelphia from Java are pertinent. On November 9, 1893, Dr. Boenning, the Port Physician at Philadelphia, was notified that a sailor had fallen ill on board the steamer Lanark, lying at one of the wharves. Upon visiting the vessel he found, among her crew,

*Read before the Pennsylvania State Medical Society in Philadelphia, May 16, 1894.

(1) Beriberi in Brazil.

(2) Article on "Beriberi," Pepper's System, vol. 1, page 1038.

a large number of Hindoos, or Lascars, six of whom were suffering from beriberi. The steamer had come from Java, and the disease appeared soon after the Lanark had left this latter port, two of the instances proving fatal before reaching Perin. The Lanark passed along the Indian Ocean, then up the Red Sea, through the Suez Canal, then down the Mediterranean. At Port Said some Lascars were taken on board, and a couple of these were subsequently prostrated by the disease. This outbreak of beriberi furnished fourteen cases, of which number six proved fatal. Concerning the circumstances under which they arose and the sanitary condition of the steamer more will be said presently. This article also contains a clinical study of some of the cases.

Etiology.—The disease is, according to the consensus of recent professional opinion, of microbic origin, though it is more than doubtful if the specific organism causing it has been isolated. If the assumption that it is an infective disease be correct, then all supposed etiological factors, other than the specific virus itself, merely operate to heighten individual receptivity to the pathogenetic micro-organism.

Ashmead* contends that carbon gases, which result from fermentation of sugar, probably constitute the most potent causal element. This view is based on data gained from the log book of the bark H. H. Cann, whose crew were prostrated by beriberi in the tropics, two of them dying of the disease; from Messrs. Edward Hincken and Son and other sources he also had an opportunity to inspect the vessel after entering the port of New York. This position receives no support from the attending circumstances in the present series of cases. In the first place, the Lanark was a fine, large vessel; well appointed and officered; tight, and in good sanitary condition. In the next place, although she had laoded 5000 tons of coarse sugar, carbonic compounds were not detectable in the various bunks and compartments. The ventilation was excellent. There was not more than the average degree of sweating in the hold from the heat generated in that part of the ship by the fermentation of sugar. It is to be pointed out that the Icory process, which consists in the use of bisulphite of lime to temper the sugar and prevent its fermentation, was employed. Again, the quarters of the crew were entirely in advance of the forward hold of the vessel. The ship at no time was becalmed, nor was she stationary for any great period; but, being a steamship, was constantly moving forward. Hence, any gases generated would, for physical reasons, have been carried aft; but those who lived aft entirely escaped the disease. Other observers attribute the complaint to the use of salted meats, particularly tainted meats. To show the fallacy of this opinion it is only necessary to point out that those most peculiarly predisposed to the disease—as, for instance, the Lascars—will not use salted meats; they do their own killing and prepare their own meats, all fresh, in obedience to the Koran. The use of carbonaceous food in excess causes beriberi, according to Dr. Takaki. He claims to have eradicated the disease from the Japanese navy by removing rice from the diet of the men, but, in view of the simultaneous adoption of other sanitary improvements, it is impossible to estimate accurately the influence of diet and other individual factors; on the other hand, in South America the natives eat no rice and yet suffer from the affection. In a few recorded cases the anchylostomum duodenale was found; and it has been supposed, by certain authors, that these parasites sustain a certain causal relation to the disease—with little reason, I think.

The disease is often associated with malaria in the same individual, the latter disease doubtless predisposing to beriberi. At all events, the results of a careful blood examination made by Dr. H. S. Anders in four cases of beriberi—three at the Quarantine Station (see report infra) and one at the Medico-Chirurgical Hospital (reported below)—showed plasmodium malariae in three, or in 75 per cent. Long before such facts as these came to light it had been observed that beriberi quite constantly prevailed in malarious regions of the country. More extended blood examinations, in cases of beriberi, than have been made in the past will alone show whether there be any necessary etiological connection between it and malaria.

Exhaustion of the muscles and the nervous system and excessive heat and

*"Contribution to the Etiology of Beriberi," University Medical Magazine, December, 1892.

moisture are conditions which doubtless act as predisposing causes.

On careful inquiry it will be found that the first cases to appear, in any given outbreak, occur in localities where the disease is endemic—i. e., tropical climes, where the pathogenic organism has found a permanent abode. As to the duration of the period of infection we possess no positive knowledge as yet.

The theory that the complaint is an infective one is strongly corroborated by some of the circumstances connected with the recent limited outbreak before referred to. The disease appeared soon after the Lanark left the port at Java, and two instances proved fatal. Hence the first subjects that developed beriberi became infected before they went aboard the vessel.

At Port Said some Lascars, who at the time enjoyed good health, were taken on board, and several of them were subsequently prostrated by beriberi. Now, the explanation of the occurrence of the cases among the Lascars is to be found in two facts, namely, that the disease is an infective one and that it was transmitted (by contagion) from the sick to the well members of the crew.

As before stated, the two men first infected, both of whom died "on the voyage from Java to Perin," undoubtedly brought the disease on board; and then, to show the epidemic increase of the complaint by contagion, it is to be noted that an occupant of an adjoining bunk next took the disease.

The disease now spread through the vessel's starboard forecastle from bunk to bunk, not in a rapid, but in a slow, progressive manner.

Though obviously contagious, it can be only feebly so, as shown by the order in which the cases in the present series appeared. Not only was contact necessary, but repeated and continuous proximity to the disease. To confirm this fact there is the observation, repeatedly made by careful observers in tropical climes, that when a person in whom symptoms of beriberi have commenced to manifest themselves leaves promptly the endemic region the disease does not develop fully, while it runs a favorable and relatively shorter course. To engender the disease in its typical and protracted form, repeated or prolonged exposure to the specific poison is demanded. In this single regard the complaint is analogous to malaria.

Symptoms.—Two days prior to the date of Dr. Boenning's first visit to the Lanark (on November 7) two men, too ill to work, had been sent, by the direction of Dr. Rudderow, physician to the British Consulate, to the Medico-Chirurgical Hospital, where I had the opportunity to study them; and I propose to present here their clinical histories rather than discuss the symtomatology of the disease in general.

Case I.—M. A., aged 33, with a very dark skin, "being an Egyptian," was admitted into the male medical wards of the Medico-Chirurgical Hospital at 2 P. M., November 7, 1893. He was profoundly prostrated, and seemed to have pain in the abdomen. His extremities were cool to the feel, legs and belly-walls markedly edematous, while the peritoneal sac contained a rather copious effusion; respirations somewhat increased in frequency, accompanied by marked dyspnea. The temperature, at time of admission and entire stay, was normal and subnormal; pulse, 120, feeble and compressible; mind clear. The following morning (November 8) patient was able to walk about the ward without noticeable ataxic gait. Soon, however, he betook himself to bed, and in the afternoon of the same day were observed, for the first time, cardias arhythmia and excessive feebleness of the pulse. We first saw this patient about 6 P. M., on the evening of November 8, when the history detailed above was obtained from Dr. Kinne, the resident physician. The general skin surface was now decidedly cool; the marked anasarca, ascites, and the dyspnea, symptoms before mentioned, were also noted. Temperature subnormal (97.2 degrees); pulse 100; very feeble, irregular and compressible. The mind was apparently clear, though he was unable to converse in any language with which we were familiar; the eyes, though unusually bright and clear, looked somewhat sunken; countenance slightly anxious, otherwise facies quite good.

Physical Examination.—The spleen was moderately enlarged, the liver only slightly; marked ascites was readily demonstrated by the usual signs. Inspection of the chest revealed the costal type of respiration, though there were noticed slight synchronous movements of the upper abdominal region; hence the diaphragm was thought to be intact. Percussion of the lungs gave negative

results. Dr. Kinne had heard, prior to my visit, a few moist, stationary rales over bases of lungs, posteriorly, and these were still present.

The Heart.—On inspection a very feeble, wavy, apical impulse, extending downward and to the left, near to the anterior axillary line, was noted. Palpation confirmed the results of inspection and also showed marked arrhythmia. The area of cardiac dullness was increased laterally, much less vertically. A well marked, soft murmur, systolic in rhythm, was heard over the apex-beat and transmitted to the left as far as the posterior axillary line. A systolic murmur was audible over the xyphoid and transmitted to the right and upward for several inches. At the first visit we diagnosticated cardiac dilatation, with its accompanying dropsy, and presumably caused by mitral insufficiency due to chronic valvular disease. The evidences of hypertrophic dilatation, however, were wanting. Immediately upon learning that the patient had belonged to a ship's crew, some of whose men were at the time suffering from beriberi, the true nature of the case became clear.

The man died at 10 P. M., quite suddenly. No blood examination was made, owing to his speedy departure from this life; an autopsy was not attainable. The immediate cause of death was probably cardiac paralysis from implication of the cardiac nerves, or it may have been caused wholly or in part by paralysis of the respiratory muscles. The duration of his illness, as nearly as could be determined, was two or three weeks.

Case 2. Male, aged 30; born in Alexandria; fireman on board steamer Lanark. He could not speak English intelligently. Patient had complained of pain in the abdomen for some days prior to date of admission into the hospital; had had occasional vomiting, and at intervals diarrhea; he had as many as 15 to 20 stools daily. The gastro-intestinal symptoms were the most conspicuous features in the early stage. When admitted he had some fever, temperature 102 degrees F., the pulse rapid—120 per minute. As the result of absolute rest in bed, suitable diet and mild astringents for a few days the gastro-intestinal disturbance subsided and, with it, the febrile movement also.

(To be continued next number.)

CINCINNATI OBSTETRICAL SOCIETY, MAY 10, 1894.

Dr. R. W. Stewart read a paper on "A Study of Still Births," by analysis of cases occurring in the Cincinnati Hospital.

DISCUSSION OF DR. STEWART'S PAPER.

Dr. Palmer: "This, of course, is a very interesting paper, and it is worth consideration. I have never known exactly how many cases of delivery we have had in the Cincinnati Hospital in a series of years, but I have always thought we had about 225 to 250 cases a year. We see all sorts of cases there. Almost all cases, it is our impression, are illegitimate pregnancies, and the majority of them are primiparae. Among the many causes of fetal death after the beginning of the seventh month, paternal, maternal and fetal, the fetal causes are the diseases of the fetus, false presentations and positions, manual and instrumental deliveries. I am under the impression that the most common causes are two in number—syphilis and fatty degeneration of the placenta. I am pretty well convinced that the most common cause of death of the fetus after the time of viability is syphilis. I will have nothing more to say in reference to that matter, beyond the fact that some of those remedies supposed to be quite useful in fatty degeneration are also useful in syphilitic affections. Chlorate of potassa is, I think, useful, although it is not the best by any means for syphilis. I believe fatty degeneration is a common cause of infantile mortality during the late months of pregnancy. I think the chlorate of potash has considerable influence in preventing the death of children from a fatty degeneration of the placenta. I have several times given mention to one of the most notable cases which I have ever observed. Some seven or eight years ago a negro woman came to the dispensary of the Medical College of Ohio and stated that she was well, her husband was well, and she was pregnant, she thought, and she was very anxious for a living child. She had ten or eleven children born dead, delivered at the seventh, seven and a half, eighth, eight and a half months, and in every instance the child was dead. I inquired in reference to the husband, and she gave me no reason to believe he was syphilized. I examined her thoroughly, but could find no evidence of syphilis. I could find no reason for these still born children, unless it was fatty degeneration of the placenta. I put her on the chlorate of potash from that time on, which I think was the beginning of viability. She went to term, and came back afterward and told me she had a living child. Dr. McKee was present at the dispensary at the time the case was under observation. I have had other cases, but none so well pro-

nounced. I believe chlorate of potash is a tonic and antiseptic remedy, but its principal action is that of a powerful agent to control fatty degeneration of the placenta. This kind of structural change is always present to a limited extent in the placenta prior to its expulsion. Then it is purely physiological, and it is only co-existent to the similar change commencing in the uterine walls prior to parturition. When excessive or premature, it is morbid. The chlorate of potassa, in its use in cases of this kind, as first suggested to us by Sir James T. Simpson, ought always to be given to pregnant women in the last three months, if they previously have been delivered of still-born children, not due to some well-defined cause.

Dr. Johnstone:—Mr. President I came to the field of gynecology from surgery, rather than from obstetrics, but there is one point I have gotten to-night that I expect to use in the future, and that is the real mortality of child-birth, in regard to the fetus—five per cent. It seems more dangerous for a child to be born than to have an ovariotomy. It is safer for the mother to have a tumor taken out than for the child to travel through from the uterus.

There is one question I would like for the essayist to answer, and that is how often they run across fibroid placentae. About two years ago I had a case of sterility, and after a thorough drainage of the uterus she became pregnant, but the second month she had a furious hemorrhage and thought she had miscarried, but the pregnancy went on. Later, however, the miscarriage came. The physician could not get the placenta away, and I was called, and it was one of the hardest jobs I ever had to get the placenta away. She was a powerful woman and would not take an anesthetic. It was very difficult to get into the fundus of the uterus, and it was then like boring through the thigh to get the placenta away. I reasoned in this way, that the first hemorrhage came on before it was formed, and a great deal of the clot had been retained and was organized into fibroid tissue. I would like to know if this is an unique case, or if there are other cases similar to it.

Dr. Taylor:—Mr. President. The essayist should be commended for his industry, and possibly, something will grow out of it. Syphilis is recognized by all authorities as a great cause of feetal death. The essayist has made one very important practical suggestion, that when syphilis is suspected during pregnancy, the mother should be treated. I had a case that was very impressive in relation to that a number of years ago, in which both the mother and father were syphilitic. I treated them for syphilis. The mother was pregnant three times. The first time the child was born at probably 7 or 8 months, dead and macerated. In the course of a year she bore a child fully developed, but when about three days old it died of capillary hemorrhage all over. It was a case of infantile hemorrhage, such as we once in a while meet with, and the neighbors said it had measles. It died in a very short time, blood being discharged from the nostrils and the mouth, the mucous membranes under the skin, and every part that was visible. From that time the woman was kept under anti-syphilitic treatment, and in the course of time she bore a child, which has lived, being now some 12 or 15 years old; but, it showed it had not escaped the affliction of the parents, for a few years ago it had syphilitic keratitis. I think this is a very important suggestion, which has been made by the essayist. It is a question that has never yet been settled upon which he touched, as to the saving of infantile life by the use of the forceps. I most fully indorse what he says as to terminating the labor when it is continued two or three hours without decided progress. I will go even further than that. It should be terminated if it goes two or three hours after rupture of the membranes. I should resort to the forceps earlier than he, in that I think if the cervix is fully dilated, so that the head can pass through, and the membranes have been ruptured for two hours, then there is good indications to resort to the forceps in the interest of the mother. I am indebted to him for the paper, and am glad he has commenced this work.

In reply to the question of Dr. Johnstone, his case is not altogether unique, for there are reported occasional cases in which there is an adhesion of the placenta to the uterine surface. A great many cases are reported which are simply retention of the placenta by uterine fibre, or contraction of the os, but there are cases in which there are just the conditions he has described. It is a question as to whether there is such a condition as inflammation of the placenta. If we admit that, it is probably correct that they are the result of it. I think at the present time we are not at all certain as to the existence of inflammation of the placenta. I saw a case some time ago, in connection with Dr. ———, in which there was an attachment of the placenta some 5 or 6 hours after delivery. The woman was fully anesthetized, and then it was with very great difficulty it could be taken away. She never recovered, and after several months died. There was probably some condition of the pelvis associated with the case. I had a case in my care in the last two or three months, in which the child was delivered at noon with the forceps, and the placenta was not born and could not be expelled by the ordinary methods, and the physician was not disposed to introduce his hand, and I saw the case at 11 o'clock at night. The woman had lost a good deal of blood, and I found the placenta adherent to a rather small segment in the upper part of the uterus. With some difficulty I detached it, and the woman made a perfect recovery.

(To be continued next number.)

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PHILADELPHIA, JULY 14, 1894.

THE BROMIDE OF GOLD AND ARSENIC (ARSENAURO) IN ECZEMA.

A case of eczema has recently come to our notice in which the Barclay formula of bromide and gold and arsenic has given most excellent results, a cure being established, at least to all appearances at the present writing, in a remarkably short space of time.

The case was that of a young lady, unmarried, 20 years of age, who had suffered from a chronic form of eczema since she was 10 years old. She had consulted various eminent specialists and had been dosed habitually on arsenic and various ointments with varying degrees of success, so far as palliation went, but without any permanent relief, the case getting better and worse from time to time.

The form of the disease was of the vesicular variety and particularly obstinate in its course to treatment.

About two months ago she was placed on the bromide of gold and arsenic in five-drop dose three times a day, which was gradually increased to 10-drop doses three times a day. On this remedy she was kept for four weeks, the disease in the meantime totally disappearing. The remedy has been continued in smaller doses in view of the fact that the disease had been so chronic and obstinate in this case, but no return of it has appeared up to the present time and the patient states that she has not felt so well for years.

This is but one case, but it represents a class of cases, which, we are informed, are equally benefited by this method of treatment.

There are many imitations of the Barclay formula of bromide of gold and arsenic in the market, which contain various other ingredients or in which the metallic combination is not in the right proportion to obtain any results. The Barclay formula is only put up by Messrs. E. M. Johnson & Co., of New York.

THE CIRCULATION AS A FACTOR IN FRACTURES.

To any one who has given the subject more than the most superficial attention the absence of concise and specific directions in regard to circulation and fractures in the average text book on surgery is only too apparent.

Perhaps this is because some may essay to write on fractures, without sufficient experience or the care of sufficient number to enable them to do more than, in a parrot-like manner, repeat what they may find in the works of others. But even in the works of the most eminent there is often a singular silence on this vital element of fracture therapy.

The assumption seems to be, that if one can only fix and hold the fragments in apposition by some sort of mechanical appliance the practitioner has performed his part. But what a fallacy!

There is almost no type of fracture of the extremities which cannot be perfectly approximated and held; but, then, where is the limb in a day or two?

Nay! Various severe simple fractures will tolerate no description of pressure. The application of any description of a splint or bandage is attended with great

pain and may be speedily followed by gangrene or sloughs in not a few cases.

The circulation should be one of the first concerns of the practitioner in all serious fracture cases.

Care should be exercised in every case not to apply any sort of rigid appliance to a limb immediately after such limb is broken.

Perhaps, at the time of injury, the main arterial trunk was seriously damaged, and should gangrene follow the splints and roller are sure to be blamed, and a lawsuit may follow to the damage of the doctor's reputation.

The subject of hemorrhage is a large one in compound fracture. The too protracted employment of splints and bandage, with the impairment of nutritive processes, is often no doubt responsible for delayed or even non-union.

SYMPHYSIOTOMY; AN OBJECTION ON MECHANICAL GROUNDS.

Dimante has perfomed symphysiotomy on the cadaver, and finds that, when the pubic bones are pressed apart, the sacrum rotates on its transverse axis, so that its promontory swings backwards and its apex forwards. Hence the antero-posterior diameter of the pelvis diminishes more and more from above downwards to the outlet.

—Repertoire Univ. d'Obstet. et de Gynec., May 25, 1894.

CARBOLIC ACID IN FULL STRENGTH IN SURGERY.

Dr. O. H. Allis recommends the method originated by Dr. Gardner, of Bloomsburgh, which consists in the application of pure carbolic acid to extensive wound surfaces. For example, after amputation of the female breast and ligature of the bleeding vessels, carbolic acid crystals dissolved in sufficient water for solution are applied with a sponge to parts of the wound surface, which at once turns white. The wound is then washed with sterilized water and approximated, a provision being made for drainage of a considerable discharge which takes place. The advantages claimed by Dr. Gardner for this treatment are that it prevents systemic absorption, lessens shock, and acts as a local anæsthetic and hæmostatic. Dr. Gardner also resorts to it in all operations outside the pleural and abdominal cavities, such as amputations and resections. Dr. Allis has employed it with success in a case of threatened gangrene of flaps after amputation.

—Gaillard's Medical Journal.

FOUR CHILDREN AT ONE BIRTH.

Two boys and two girls, all healthy and well developed, is the record of a proud and happy mother in Tennessee.

—New York Medical Record.

TAPPING THE LATERAL VENTRICLES.

Frank discusses this question and comes to the following conclusions: (1) For distension of the ventricles from acute, simple, or tuberculous meningitis this operation is clearly indicated, and promises recovery; (2) for ventricular hemorrhage it makes recovery possible; (3) for abscess, involving the ventricles, it is immediately and imperatively demanded; (4) for effusion into the ventricles it may relieve symptoms; (5) for chronic hydrocephalus, moderate distension of the ventricles, without enlargement of the head, it may afford relief. Otherwise it will lead to a fatal result.

—Annals of Surgery, April, 1894.

BOOKS AND PAMPHLETS RECEIVED.

THE URIC ACID DIATHESIS AND ITS TREATMENT, By John F. Barbour, M. A., M. D., Neurologist to the Louisville City Hospital. Reprint from the "American Therapist," June, 1894.

AMPUTATION OF THE ENTIRE UPPER EXTREMITY(INCLUDING THE SCAPULA AND CLAVICLE), AND OF THE ARM AT THE SHOULDER-JOINT.With Especial Reference to Methods of Controlling Hemorrhage. With a Report of One Case of the Former Amputation and Four of the Latter. By W. W. Keen, M. D., Philadelphia, Pa. From the "American Journal of the Medical Sciences," June, 1894.

NUOVO METODO DI CURA DELLA TUBERCOLOSI POLMONARE, Per il Dottore Carasso Giovanni Michele. Estratta dal "Giornale Medico del R. Esercilo e della R. Marina," 1894.

NATIONAL CONTROL OF LEPROSY. By Walter Wyman, M. D., Washington, D. C. Reprint from the "Medical News," June 16, 1894.

NON NOCERE, by A. Jacobi. M. D., New York. Reprinted from the "Medical Record," May 19, 1894.

TENO-SUTURE AND TENDON ELONGATION AND SHORTENING BY OPEN INCISION; ADVANTAGES AND DISADVANTAGES OF THE VARIOUS METHODS. By H. Augustus Wilson, M. D., Philadelphia, Pa. Reprinted from "International Clinics," Vol. I., Fourth Series.

Surgery.

Under the charge of T. H. Manley, M. D., 302 W. 53d St., New York.

PROPHYLAXIS IN FEMALE GONORRHEA.

By Gaston Richard D'Aulnay. Tuterus of St. Lazarre.

The author in contributing to this important side of gonorrhea begins by saying that the malady is more insidious and more con monly prevalent in the female. Although discharges are very common from the vagina, the microscope will generally determine their exact character.

We should endeavor to detect gonorrhea early in women; for when we do, with an appropriate remedy, we may confine it to the urethral mucous membrane, in which, as a rule, it first appears.

Thus we will prevent its spread up the vagina, into the cervix, the uterine cavity, or the Fallopian tubes. Moreover, by these antiseptic measures we will diminish her chances of infecting the healthy male.

He truly adds that it is only recently that gonorrhœa has been regarded as a pimordial cause of those pelvic inflammations which spread through and produce suppurative formations in the pelvis. Secondary and consecutive infections, he declares, may be wholly suppressed if the primary is early and radically treated.

He advises these "femmes de pave," who make a profession of cohabitation, to employ a tampon of deomatol laid snugly against the cervix to prevent infection of the deeper parts by the male organ.

Sexual hygiene to be effective requires close attention to cleanliness. The female should take two or three injections in the vagina, and observe every precaution that the secretions do not become foul. And after such irrigation, special care is required to diligently wash out the folds and creases in the vulva and vestibule. When all is complete and aseptic, it is a good practice to empty the bladder and thus dislodge any germs that may linger in the urethra.

The young prostitute is more dangerous than the older; for the reason that she is ignorant of prophylaxis and has coitus with from 4 to 6 or 7 men the same night.

Her portal for admission of the male organ is firmer, more resistent, and thus much more liable to produce abrasions of the dermal investment of the penis, and in this way open new avenues for infection. Many of them confess to an average of 60 connections in one month.

The frequence of contagion with women varies with circumstances and conditions, physiological, physical and pathological—the comformation of the organs, menstrual period, the general health, etc.

The young and the clandestine are more dangerous than the professional.

In the veteran, the act is little more than mechanical, the sexual organism is wanting and hence there is a diminution of infected vangial secretions.

The professionals are known to the sanitary authorities, are regularly examined, and are isolated when infected. But, with the larger and more dangerous class, this is not possible.

Concise prophylactic measures are necessary to protect the public. Until this can be effectively carried out by all municipal authorities, the extent of gonorrhoeal infection must be great, and its effects on those who become infected very serious.

—Archives de Tolcologie et de Gynecologie, Mai, 1894.

BACTERIOLOGY IN PERIUTERINE SUPPURATIONS.

M. Hartman and M. Morax recently communicated to the French Academy the results of some of their experiments in the service of M. Ferrier.

To begin with, they failed to find micro-organisms in many cases of catarrhal hydrosalpinx; notably was ffithis the case in two with very large tubes, hematocele and high systemic fever.

In two cases of suppuration in the cellular elements of the broad ligaments the pure streptococcus was cultivated.

In all, 33 cases of pus collections were examined and analyzed. Thirteen times the pus was sterile. Thirteen times it contained the gonococcus; twelve times in a pure state, and once in association with the bacterium coli. In this case the abscess was on the point of opening into the rectum. Four times the pus contained streptococci; once pure, in the other three with the bacterium coli. Twice there were collections of pneumo-cocci. Once, a collection of the bacterium coli only.

In those cases wanting in pyogenic microbes the tubercular bacillus was found; as a rule, with gonorrheal discharges.

The gonococci were commonly found in cases of acute pyosalpinx.

A previous pregnancy seemed to exert an influence in favoring blenorrhagic salpingitis.

The type of pyosalpinx which most commonly yielded the streptococcus was such as followed traumatism, as abortions, lacerations, etc.

An effort was made to determine if there was any relation between the high temperature and the various germs present in the pus; but, in this respect, they were disappointed, for there was evidently none, either in the suppurating or non-suppurating.

In two cases of pelvic abscess the temperature fluctuated from the beginning from 39 degrees (C) to normal, before operation. Here the pneumococci were found.

In two cases of gonococci it fluctuated from 38, 39 to normal; while in another case of gonococci, mixed with the bacterium coli, the temperature remained at 38, exactly the same as another, which was perfectly sterile. In all these cases, as a rule, the temperature was normal when patient entered the hospital.

On the contrary, it was often observed that the temperature varied from 38.5 to 38.4 with those who had non-suppurative pyosalpinx. In encysted hematosalpinx there was often noted a wide range in the temperature.

Their results, then, from the point of view of the relation between the temperature and the specific microbe were precisely the same as Schanta's at the late Congress of German Gynecologists.

—Gazette de Gynecologie, May 15, 1894.

ETHER AS AN ANESTHETIC OF CHOICE AND ITS BEST MODE OF ADMINISTRATION.

By Dr. V. Chalot, Tonlouse,

The author begins his interesting essay by confessing that for years chloroform was the preferred anesthetic in Continental Europe. But now that the proper administration of ether was being better understood than formerly, and since steady mortality from chloroform has become so great that the former is now being very largely adopted.

He says that ether should altogether supplant chloroform in all but rare cases.

He would prefer chloroform with young children, or those suffering from pulmonary diseases.

He had used ether 730 times. During the same period he employed chloroform 51 times.

All his ether cases survived, but one died on the table under chloroform, from cardiac-syncope.

He cites Juillard, Dumont, Bruns, Leopold, Stetzner and Tedenat, who record similar experiences.

He expresses a most enthusiastic hope that in the very near future all the surgeons of France may reject chloroform.

What is the greatest danger of ether properly administered? he inquires.

He answers that there are none.

He says ether gives us warning and time; but chloroform kills almost at once. He strenuously denies that though more came out of ether safely, yet the mortality of the operation is greater after it than choroform. He, with equal vehemence, rebuts the charge that ether will provoke either pneumonia or nephritis in the healthy individual, and says it is only imaginary.

He cites Nicolaysen, Lassen and Ask, who have each reported several cases of cardiac paralysis from three to four days after operations.

He refutes the charge that ether is dangerous because of its inflammable qualities in the presence of artificial light when ordinary precautions are taken.

The author sets forth with the most commendable minuteness and lucidity the technique of ether administration.

He would not advocate the forcing of the drug in the initial stages, though he regards it safe later.

The conclusions of the author on this important subject are most explicit and pertinent, and, without doubt, will do much to clear away many hazy points on this subject, and make ether anesthesia more popular than it ever has been before this time in Europe.

—Revne de Chirurgie, Mai, 1994.

Therapeutics.

Under the charge of Louis Lewis, M. R. C. S., Philadelphia.

THE ACTION OF ASPARAGUS ON THE KIDNEYS.

The discrepancy of opinion that exists with regard to the diuretic action of asparagus is due, I think, to the fact that increased frequency of micturition has been mistaken for increased diuresis. My own observations, personal as well as on patients, has been to show that after eating an experimental quantity of asparagus, especially that with much white stalk, the tendency was to increased micturition, sometimes with uncomfortable feelings of irritation in the perineal region; the amount of urine diminished about one-third, with sometimes a darkish tinge, and the highly characteristic odor. With the green variety these conditions were not so markedly noticed, and the characteristic odor only faint. From which I gather that the peculiar principle of asparagus probably resides in the stalk. Professor Neucki has isolated this body as a yellow crystalline substance, which when heated, gives the characteristic odor of methyl mercaptan. It would, therefore, be easy to determine the action of this body by an experimental test. It is also important to determine whether it resides only in the white portion, or in both the green and white equally, or only in small quantities in the green. If, as I believe, the latter to be the case, there would be no reason to forbid it to most invalids, but the decided inhibiting effects I have seen follow the ingestion of asparagus with a large amount of soft white stalk would certainly to my mind forbid its dietetic use to patients with granular and contracted kidneys.

—Charles H. Ralphe, in the Lancet, June 30, '94.

"TRIKRESOL FOR INHALATION."

The following appeared in the "Lancet," June 9, 1894.

To the Editors of the "Lancet." Sirs: The interesting observations of Professor Charteris on Trikresol, communicated through the "Lancet," must have attracted the attention of many of its readers; and the important fact that trikresol is free from the poisonous qualities of carbolic acid must have suggested its great superiority in medical and surgical practice. Through the kindness of Professor Charteris, I have been favored by Messrs. Zimmermann with a specimen of Schering's Trikresol, in order to ascertain whether it could be used for inhalation, as the poisonous poperties of carbolic acid have for that purpose made it somewhat objectionable. My object was to determine whether trikresol, when mixed with water in definite proportion, would, like carbolic acid when treated similarly, yield a vapor on boiling, of definite and constant strength. a peculiarity which attaches, as I pointed out some years ago, to carbolic acid, and which makes it superior to all other antiseptics for inhalation. I find that Trikresol follows the same law, as might have been expected, as carbolic acid, and that a mixture of one drachm of Trikresol to one pint of water gives off when boiled continuously a vapor of the same strength as the mixture. This is rather strong for children, and a weaker solution may be used. To what important uses this property of Trikresol can be applied in the treatment of many maladies by inhalation I hardly need point out.

I am, sirs, yours most truly,

ROBERT LEE.

West Kensington, May 31, 1894.

ARGENTAMINE.

THE TREATMENT OF GONORRHOEA WITH SILVER SALTS.

BY DR. SCHAEFFER.

Since the discovery of gonococci the therapy of gonorrhoea has entered into a new era, and since it has been discovered that urethritis blennorhoica is produced by a specific micro-organism, it no longer suffices to attempt to reduce the purulent secretion from the mucous membrane of the urinary tract, and relieve the subjective symptoms, but therapeutical efforts must be directed to the destruction of gonococci as the true cause of the disease.

The treatment of gonorrhoea with astringents has therefore been abandoned in favor of injections of antiseptic solutions, and amongst these silver

salts have undoubtedly proved the most effectual and furnished the subject of the lecture delivered by Dr. Schæffer before the Medical section of the Silesian Society.

In the first place it is necessary to determine the exact locality of the infectious process, and to treat urethritis gonorrhoica posterior at once antiparasitically.

In the second place a microscopical control must always be maintained, in order to know at all times what has been done and what is still to do, and whether the gonorrhoetic process or only a simple catarrhal inflammation has to be dealt with. Upon the decision of this question depends further therapeutical treatment.

In spite of the numerous advantages of silver nitrate, it possesses, however, one drawback that cannot be overlooked. Numerous investigations of late years have shown that gonococci penetrate into the tissues in a comparatively short time. It has not yet been definitely determined how deep they penetrate, or whether under ordinary conditions they reach the connective tissues and there multiply, but at any rate all authors agree that they are able to quickly penetrate into the deeper layers of the epidermis. From this it is evident that in the treatment of gonorrhoea a remedy must be employed that can follow and kill the mischief maker in the deeper tissues. This is only incompletely effected by the aid of silver nitrate, as its action is comparatively superficial. With the sodium chloride and with the albuminoids of the tissue liquids it forms insoluble compounds. Such precipitates for instance are formed when silver nitrate solutions are injected into the urethra, are deposited on the surface, and bar the way for the rest of the solution into the underlying tissues. An antiseptic is therefore required, which on the one hand possesses the high antibacterial qualities of silver nitrate, but at the same time possesses little tendency to form insoluble compounds with chlorides and albumen.

With this object in view, experiments were conducted that led to the preparation of an ethylenediamine silver phosphate solution, commonly known as Argentamine, which was found to produce no precipitate, but only a slight turbidity in albuminous and chloride solutions.

If a liquid containing sodium chloride and albumen, as hydrocele or blood serum, be mixed with a silver nitrate solution a white precipitate is formed consisting of silver chloride and albuminate, which is completely dissolved by addition of one-half per cent. solution of ethylenediamine.

Further, it is of special interest and importance that leucocytes, red blood corpuscles, and even coagulated blood are dissolved by ethylenediamine in certain concentrations. From these facts it therefore appeared probable that ethylenediamine possesses the ability to penetrate deep into the organic tissues, and mixed with a silver salt to increase its action.

Pieces of liver, in the form of dice, from a fresh killed rabbit, were introduced into silver nitrate and Argentamine solutions of equal strength for a definite time, then washed with water and cut with a microtome. The sections were treated with dilute ammonium sulphide, and a dark brown zone formed; in the preparation treated with silver nitrate the zone was narrow and sharply defined; in the Argentamine preparation it was broader, and gradually diffused into the lighter liver tissue. It is clear that wherever the silver salt had penetrated, the treatment with ammonium sulphide would cause a deposit of black sulphide of silver, and that therefore the brown zone forms a certain vindication of the penetrations of the respective solutions.

From this experiment it is therefore indisputable that Argentamine penetrates much deeper into organic tissues than a silver nitrate solution containing an equivalent amount of silver, under like conditions and in the same time.

As for the dead tissue, so with the living tissue. A similar difference in penetrability was observed in a paraurethral injection of an 8 per cent. solution fifteen minutes before excision. The preparations, when treated in the same manner with ammonium sulphide, showed by the black precipitate of sulphide of silver a considerable degree of penetration in spite of the brief exposure to its action.

In every case Argentamine excelled silver nitrate, and frequently equalled, and sometimes surpassed, the activity of a corrosive sublimate solution of equal percentage.

The Therapist.

Miscellany.

A HALF SOVEREIGN IN THE LEFT BRONCHUS.

A curious case of death from the lodgment of a coin in the lower air passages has been lately reported from Carlisle Jail. It appears that a convict had been sentenced in that town for stealing a purse which contained a half-soverign. He swallowed the coin in question, which found its way to the bottom of the left lung, and caused fatal hemorrhage. This interesting item of criminal jurisprudence is by no means unique. Several cases are on record in which coins swallowed by thieves have become lodged in the larynx or one of the bronchi. In a lecture some years ago Mr. Bernard Pitts related a case of the kind in which a peddler swallowed a small sham ornament, which, so far as we remember, was ultimately removed after a prolonged sojourn in the air passages.

—Med. Press, June 21, '94.

DENTAL CARIES AND CERVICAL ABSCESS IN CHILDREN.

At a meeting of the Odontological Society on Monday evening last, Mr. Edmund Owen opened a discussion on the treatment of carious milk molars. He gave it as his opinion that the conservative treatment was being carried too far; that many such teeth were stopped which ought to be extracted. He said that it was worse than useless to prepare and stop a temporary molar whilst septic micro-organisms were left lurking about the fang, for in due course these germs found their way into the cervical lymphatic glands, and produced suppuration. He held that if a tooth were far advanced in caries it was practically impossible to render it aseptic, as children could not submit to the necessary manipulation and restraint. He strongly condemned the method of treatment of "capping" a carious tooth and leaving the elements of disease uninterfered with. A brisk discussion ensued, and, though it was evident that Mr. Owen's views did not receive universal assent, it is not unlikely that good will result from the ventilation of the subject.

—Med. Press, June 12, '94.

THE USE OF ERYSIPELAS TOXINES IN THE TREATMENT OF MALIGNANT DISEASE.

The July number of the American Journal of the Medical Sciences give the following conclusions:

1. The curative action of erysipelas upon malignant tumors is an established fact.
2. This action is much more powerful in sarcoma than in corcinoma.
3. This action is chiefly due to the toxines of the erysipelas sterptococcus, which may be isolated and used with safety.
4. This action is greatly increased by the addition of the toxines of Bacillus prodigiosus.
5. The toxines, to be of value, should come from virulent cultures and should be freshly prepared.
6. The result obtained from the use of toxines without danger are so nearly quite equal to those obtained from an attack of erysipelas that inoculation should rarely be resorted to.

AMERICAN PUBLIC HEALTH ASSOCIATION.

The twenty-second annual meeting of the American Public Health Association will be held at Montreal, Canada, September 25-28, 1894.

The regular sessions will be in Association Hall, Y. M. C. A. Building, Dominion square, opposite the Hotel Windsor. The following topics have been selected for consideration at this meeting:

I. The pollution of water supplies.
II. The disposal of garbage and refuse.
III. Animal diseases and animal food.
IV. The nomenclature of diseases and forms of statistics.
V. Protective inoculations in infectious diseases.
VI. National health legislation.
VII. The cause of prevention of diphtheria.
VIII. Causes and prevention of infant mortality.
IX. The restriction and prevention of tuberculosis.
X. Car sanitation.
XI. The prevention of the spread of yellow fever.

The Executive Committee announces the following additional subjects upon which papers are invited:

XII. On the education of the young in the principals of hygiene.

XIII. Private destruction of household garbage and refuse.

XIV. Disinfection of dwellings after infectious diseases.

XV. Inspection of school children with reference to the eyesight.

AMERICAN ACADEMY OF MEDICINE.

19TH ANNUAL MEETING—PRELIMINARY NOTICE.

The 19th annual meeting of the American Academy of Medicine will be held at the "Waumbek," Jefferson, N. H., on Wednesday and Thursday, August 29 and 30, 1894. The greater part of the time is to be devoted to the discussion of certain problems relating to the medico-social relations of the medical profession to the "Dependent Classes." The following papers may be expected: "The Retrogressives: What Produces Them: Classification," Bayard Holmes, Chicago, Ill.; "Importance of the Study of the Subject to the Profession," Charles McIntire, Easton, Pa.; "The Provident Dispensary in England," H. Webster Jones, London, England; Title to be announced, J. A. Spalding, Portland, Me.; "Assistance and Care for the Blind," Charles A. Oliver, Philadelphia; "Prevention of Blindness," Benjamin Lee, Philadelphia; "Present Status of Legislation for the Prevention of Blindness from Infantile Ophthalmia," Lucien Howe, Buffalo; "Senile Dementia and Testamentary Capacity," J. N. Whittaker, Cincinnati; Title to be announced, Gershom H. Hill, Independence, Ia.; "What Agencies Conspire to Check Development in the Minds of Children?" J. Madison Taylor, Philadelphia; "The Medical Service of the U. S. Pension Bureau," P. S. Conner, Cincinnati; "Physical Training for Delinquents, Helen C. Putnam, Providence, R. I.; "Government Commission instead of State License," J. D. Kelly, New Haven, Conn.; "The Relation of Food Adulterations to the Dependent Classes," Henry Leffmann, Philadelphia; Title to be announced, G. M. Gould, Philadelphia, President's Address; Title to be announced, F. H. Gerrish, Portland, Me.

Several additional papers have been provisionally promised; if they can be read they will appear in the completed programme.

Arrangements have been made for a special excursion from New York and Boston and return at reduced rates. A choice is offered of an eleven days' excursion, including most of the expenses, or of returning immediately at the close of the meeting, and is open to anyone desirous of attending the meeting, whether members of the academy or not. Any additional information about the meeting or the excursion may be obtained from

CHARLES M'INTIRE, Secretary.
Easton, Pa.

Notes by the Wayside.

BY ERNEST B. SANGREE, A. M., M. D., PHILADELPHIA.

After women have received the vote and wear divided skirts, and are thoroughly emancipated in every other direction, I trust that the attention of the world will be turned to the emancipation of the children. The way the majority of these helpless beings are dosed and drugged by well meaning, but ignorant mothers, is simply shocking. Early and painful personal recollections of my feelings as I was held in position by two or three stalwart adults whilst another poured down my lustily yelling throat castor oil, or nauseous mixtures of calomel and rhubarb, inspire me with deep sympathy for those who, by reason of their tender years, are now in a similar fix. For the children's sake, I would that all the mothers had the fad possessed by one of my acquaintance. She has unswerving faith in the efficacy of the electropoise, and when any of her numerous progeny is out of sorts, this maternal physician merely fastens one end of the little toy around the sufferer's leg, puts the other end in ice, and calmly goes about her household duties in the firm belief of a speedy cure.

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The disposition to seize every opportunity to dose the children was beautifully illustrated by an experience of my own a few days since. I was hastily called to see a youngster of 3 years, who had fallen out of the window, about four feet to the brick pavement below, landing on his head. When I reached the scene, the mother, with pardonable pride in her presence of mind and domestic resources, exclaimed: "Oh, doctor, I knew that something ought to be done at once, so I gave him two teaspoonfuls of castor-oil!"

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An amusing mistake lately occurred in one of the Philadelphia dailies, due to a reporter's feeling a little too sure of his medical terms. He referred with considerable facetiousness to the use of a "cow-bang" for the removal of a silver half-dollar from a darky's gullet. Evidently the reporter's dictionary studies have not yet reached so far as the word probang.

The Times and Register.

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CHRONIC NEPHRITIS AND LACTOSE.

ADDRESS OF J. G. RYERSON, M. D. PRESIDENT NEW JERSEY STATE MEDICAL SOCIETY, JUNE 26, '94.

(Continued from last number.)

Through the kindness of Drs. Crittenden, Walters, Wigg, Anderson, Zabriskie and Foster I have been furnished with the notes of thirteen cases treated by them, which added to the thirty-three cases met with by myself, we have the following result. In all 46 cases:

Emaciation was noted in	36
Insomnia was noted in	34
Dyspnea was noted in	33
Pain in head was noted in	36
Emphysema was noted in	13
Heart complications was noted in	16
Urine examined in	34
Albumen present in	15
Dropsy present in	18
Average age.	54
Women.	29
Men.	17

The time the disease had existed was noted in thirty-nine of the forty-six cases.

In 4 cases it had existed	3 months
In 7 cases it had existed	6 months
In 4 cases it had existed	9 months
In 10 cases it had existed	12 months
In 1 case it had existed	15 months
In 3 cases it had existed	18 months
In 5 cases it had existed	2 years
In 5 cases it had existed	3 years
In 7 cases beyond	3 years

In the thirty-nine cases the average had existed fifteen months. All of these forty-six cases were treated with lactose or sugar of milk.

In all but ten cases, that is to say thirty-six cases, it was the only indication. In these ten cases the additional medication was of an unimportant character.

Cocaine in	4 cases
Tonics in	4 cases
Caffeine in	1 case
Nitro-glycerine in	1 case

The results were that forty-three out of the forty-six cases were decidedly relieved.

In 5 cases relief was noticed in	1 hour
In 5 cases relief was noticed in	6 hours
In 3 cases relief was noticed in	9 hours
In 3 cases relief was noticed in	12 hours
In 2 cases relief was noticed in	18 hours
In 8 cases relief was noticed in	24 hours
In 5 cases relief was noticed in	2 days
In 4 cases relief was noticed in	3 days
In 7 cases relief was noticed in over	3 days

The points of interest in regard to the treatment of chronic nephritis with lactose are:

1. Its uniform certainty of effect.
2. Its promptness of action.
3. Permanency of improvement.
4. As means of diagnosis.
5. Smallness of dose.
6. Benefit not through its direct action.
7. Dropsy not relieved by diuretic action.
8. Difference of effect of lactose taken in natural combination and taken in a free state.

First. In noticing the certainty of effect of lactose, I would say that of three cases not benefited by treatment, two were regarded as chronic Bright's disease. One died in six days, the other in six weeks from apoplexy.

Forty-three of the forty-six cases were clearly and decidedly benefited, and almost all to the extent of full recovery.

Second. It is proper to say that in a few cases small doses for the purpose of experiment were given which much delayed the effect. But including those cases as reported, it will be noticed that in twenty-six cases in which the disease had existed, on an average of fifteen months decided relief began in twenty-four hours, and all but seven were benefited in three days.

Third. As regards the permanent effect of lactose, I would say that in seven cases the symptoms returned to a certain extent and that in four of the seven they were again relieved by resorting to the lactose. So far as I could learn (except in these cases) of the whole forty-three cases there was

no return of symptoms under six months.

It would seem that the dose should be regulated according to the time the disease has existed. 20 gr. a day has proved effective. One dram a day in most cases will be sufficient. In no case was three drachms a day prescribed.

Fourth. Lactose may be of value as an aid in diagnosis.

May 14, 1894, a man aged 23 years, had suffered from emphysema for several years. It had been almost constant for the last two years, though not severe. There was some dyspnea and emaciation. Under the use of lactose was entirely relieved in twenty-four hours. Up to the present time has had no return of symptoms and has gained flesh and strength.

Another case: A gentleman, aged 60 years, had a very severe attack of eczema. It disappeared in three days under the use of lactose.

It is not claimed that emphysema or eczema are very common indications of kidney disease. But in the cases mentioned, when other symptoms of kidney disease were not noticed the prompt relief afforded by the lactose was an evidence that kidney disease already existed.

Sixth. The benefit derived from lactose is not from its diuretic action. The largest quantity given daily was less than one-half the smallest quantity given for its diuretic effect. In no case so far as I could learn was the excretion from the kidney more than normal.

Seventh. In eighteen cases dropsy was noticed. In sixteen cases relief was most prompt and complete, and neither in my own cases nor in those reported to me was there any increase above the normal excretion of urine.

These facts would seem to strengthen the position that has been taken, that though dropsy may be caused by water in the blood being retarded through disease of the kidney, yet its rapid removal can be effected without increased exertion from the kidney.

Eighth. Another point of great interest in the different therapeutical action of lactose when taken in natural combination, and when given in free state. That lactose in natural combination does not possess any medicinal properties is so plain that it does not need consideration.

Milk has been used in several forms of kidney disease, but no benefit has been noticed or claimed further than its value in improving the digestion, and by the excess of fluid it is valuable in cleansing out the excretory portion of the kidney.

Quite recently, while preparing this paper, in looking back 25 years I could find but two notices of lactose as a medicine.

Five years ago Professor Beaumitz, of France, found that lactose was an effective diuretic in heart disease when given in from three to seven ounces daily, but not so efficient when albumen is present.

Zadvadskey, following in the line of Beaumitz. found that five drachms daily was an efficient diuretic when taken with a quantity of milk.

Each of these observers only noticed its diuretic action, and that only when given in large doses. Zadvadskey, in recommending a quantity of milk with the lactose, inadvertently voiced a sentiment of the profession that I believe has prevented an investigation into the action when taken in a free state.

Knowing fully its effects in the combination, it seems not to have occurred to anyone that it might be different in its action where taken in a free state.

Several of the cases mentioned above were taking daily milk of sufficient quantity that must have contained several drachms of lactose. The first case mentioned was taking 160 gr. of lactose in combination with milk, with no medicinal effect, but when half the quantity was taken free the effect was most prompt and gratifying.

The difference in the action of lactose when taken into the stomach in natural combination and when taken free, I am unable to explain.

Neither am I quite sure that I can explain its peculiar therapeutic action. While trying to explain its action I wish most positively to insist that it has a most remarkable therapeutic action. When considering the pathology of nephritis you may recall that in the glomeruli the water was separate from the blood, and that disease of the glomeruli caused exudation of casts and albumen; and that but few of the cases mentioned above showed symptoms of disease of the glomeruli.

Again we must remember that the tubuli excretes the more solid constituents of the urine, viz.: the urea and the phosphates. The tubules and the

tubuli, as a rule, when diseased do not excrete albumen and casts.

Authorities claim that when the tubules are diseased the excretion of the urea and the phosphates are lessened.

In the cases I have treated with lactose, when the disease pointed to the tubules and tubuli, the effect was most gratifying.

On the other hand, in a few cases presented of what appeared to be chronic nephritis with exudation the treatment with lactose was not entirely satisfactory.

In one case which seemed to be a clear case of chronic Bright's disease, with abundant albumen, under the care of Dr. Wigg, a case that ran its course to death in about a year, the lactose had little effect, except on two occasions, when coma seemed impending. Then immediately following the use of lactose the unpleasant symptoms were removed and a most abundant excretion of uric acid followed.

The inference then, would be, that the lactose in some way affects the excretion of the salts of the urine. It is most likely the urea and the phosphates, the one, the other, or both. It might be claimed that the phosphates are most at fault.

Bearing in mind the fact that it is one of the normal functions of the tubuli to excrete phosphates.

That the class of persons affected are often the brain workers or those that excrete an excess of phosphates.

And that when the tubuli are disused the excretion of phosphates are probably lessened.

Considering also the fact that the symptoms of cirrhotic disease of the kidney are mainly of a nervous character, the natural inference would be that cirrhotic disease of the kidney is most likely caused by deficient excretion of phosphates.

If it should appear that the therapeutic use of lactose increased the excretion of the phosphates in cirrhotic disease, then it may be inferred that the excessive secretion of phosphates in the blood is a cessation of this disease.

I regret that this point, which it would seem could be easily settled, did not occur to me until a few weeks ago. Since then three cases have come to my notice, which, as far as they go, would seem to prove that the phosphates are an important factor in the pathology.

In the notes of a case reported by Dr. Walters he states that following the use of lactose "the phosphates were most excessive."

In a second case of my own they were much increased.

A third case, while it forcibly meets the point at issue, at the same time shows the prompt and remarkable effect of a single small dose of lactose.

J. S., aged sixty-four, farmer, had rather mild attacks of dyspnea for eight years. While recovering from an attack of la grippe had very severe attack of dyspnea described as "couldn't get his breath," "choking to death," and the like. Ten grains of lactose produced prompt and decided relief. He used the expressions, "Helped me right away," "Better right off," "Better in ten minutes." The urine passed immediately before taking the lactose was clear and dark colored. That passed five hours after was the most heavily loaded with phosphates that I ever saw.

I have presented the urea, and more particularly the phosphates, as a causation of cirrhotic nephritis. I have tried to show that the therapeutic action of lactose may consist mainly in eliminat- an excess of these salts from the blood. I may not have proved it conclusively. I have not shown the case as clearly as it can be shown. But yet the case I have shown is strong.

Objections may be raised that the history of these cases is not complete; that there may be doubts as to the diagnosis. While I admit that the history of the cases are not as satisfactory as I could wish, yet it is claimed that the symptoms are uniform and the diagnosis correct.

To those that still cavil at the diagnosis I would say, that it is my privilege to ask them to correct the diagnosis.

But I need not dwell on this point when I know that of the general practitioners here to-day, there are very few, if they review the symtoms of cirrholic or interstitial nephritis, that will not recall that they have one or more cases of this disease under their care, and they can verify or refute the views here presented before the week is ended.

In admitting the incompleteness of the cases presented I do it with no reservation of feeling; I have given you my observations as they have occurred while actively engaged in a laborious general private practice.

The subject we have considered is not in a line that I have given much attention. My professional tastes are and have been in another direction.

I have reported these cases, hoping that the light they give may attract the attention of observers more acute and better able to analyze the features they present.

We have considered a disease which has recently been shown to be of greatly increased frequency. Through the inability of the kidney to perform its functions it causes disease of other organs of the body.

We have reason to believe that the trouble arises back of the kidney in a morbid condition of the blood.

The disease of the organs affected, as well as the kidney itself, goes onward in their course down to death. Notes of alarm and danger signals have been displayed. Diet, hygiene and climate have been thus far the main reliance. But, as yet, not one effective blow has been struck at its home in the blood.

The promptness and certainty of lactose for the relief of symptoms would seem to indicate that its action is on and beyond the kidney. Its permanent effects, so far as time will permit us to judge, have been satisfactory.

That this remedy will meet our heartfelt desires there is a most abundant promise.

BERIBERI, WITH REPORT OF CASES.*

BY J. M. ANDERS, M. D., PH. D., PHILADELPHIA, PA.

(Continued from last number.)

Physical Signs—The examination of the lungs gave negative results. The cardiac impulse was feeble and slightly diffused. Additionally, palpation revealed a feeble thrill with the systole over the apex. There was slight increase in the area of cardiac dullness in the transverse direction, particularly to the left. A systolic murmur, blowing in quality, with small area of transmission, was heard at the apex. Later, a murmur of the same character was also heard over the aortic cartilage, while the murmur at the apex grew less distinct about the same time; though it had not disappeared entirely when he left the institution. The liver was of normal size; the spleen moderately enlarged, the lower edge being palpable two inches below the costal border; no ascites; legs very slightly edematous. After a few days the splenic enlargement, it was found, had largely disappeared.

One week after date of admission, while walking about ward, patient experienced pain in the legs about the knee-joint. Grasping the muscles of the calves now caused severe pain. On the other hand, there was no hyperesthesia of the skin, but moderate degree of anesthesia generally, though more marked in lower extremities than elsewhere. On the inner aspect of the legs, near to the knee, there were two small zones (three inches in their greatest diameter) where hard pin-pricks caused no wincing. The degree of anesthesia varied from day to day, but the anesthetic areas above noted were always present at the time of the examinations. The deep reflexes were absent, the cutaneous reflexes greatly diminished as well as delayed.

As soon as patient's temperature touched the normal he was allowed to leave his bed. His legs were undoubtedly weak, though the gait not noticeably ataxic. No appreciable degree of atrophy of the muscles was observed. Obviously this was not a fully developed case of beriberi; and yet there could be no doubt as to the correctness of the diagnosis, in view of its causal connection with typical ones. The blood of this patient was examined by Dr. H. S. Anders, who discovered a few crescentic and hyaline plasmodiae. The blood-count showed 2,700,000 red blood corpuscles to the cubic millimetre, with slight relative leucocytosis. When the patient left the hospital, December 1, 1893, his condition was much improved. The tendon and cutaneous reflexes had begun to return; he had apparently regained the normal plumpness and strength of the voluntary muscles, but the symptom anesthesia remained about the same as when first examined.

Two convalescents that had been treated at the Quarantine Station from November 9 to December 23 were admitted into the Medico-Chirurgical Hospital on the latter date, but remained, unfortunately, for a few days only, when they were taken, by order of their captain, back to their native habitat.

The following are the notes of these cases, briefly stated: B. T., aged 21;

occupation, seaman. General condition good; appetite and digestion apparently normal; no noticeable ataxia, no edema, nor muscular atrophy present. Tendon reflexes moderately increased; also cutaneous reflexes (pin-prick and blow with hammer causing prompt flexion of the leg).

Anesthesia general, though, over small areas, upon hard pricking obtained slight response. This symptom did not improve during his brief stay in the hospital. The heart gave no signs of enlargement, but on auscultation a soft murmur was heard occasionally over impulse-beat.

The other convalescent: S. B., aged 21, born at Port Said; occupation, seaman on steamship Lanark. On admission his general health seemed to be good, appetite and digestion normal; evidence of slight edema of legs and ankles was elicited on making firm pressure with finger-tip. The gait was apparently natural; he did not complain of weakness of lower extremities, nor was there atrophy of the muscles. Tendon reflexes almost entirely wanting, with very slight ankle-clonus. By tickling, cold and heat, and blow with hammer the cutaneous reflexes were shown to be almost negative; pin-prick, when deep, caused slight response, though much delayed.

Entire skin surface showed almost complete anesthesia, though over certain muscles some sensation on severe pinching. The pulse-rate was rather rapid, with moderately good tension. Physical examination of heart gave, on inspection and percussion, negative results; on palpation, however, a slight systolic thrill was felt at apex, and, on auscultation, slight arrhythmia and reduplication, with some accentuation, of second sound.

I had had an oportunity to examine this patient at the Quarantine Station three weeks before he was admitted to the Medico-Chirurgical Hospital, when his condition was decidedly unfavorable. His case presented most of the classical symptoms of multiple neuritis. Additionally there were present general anasarca, ascites,, and marked dyspnea. Physical examination revealed the signs of cardiac dilatation, with the presence of murmurs over the base as well as over the apex of the heart, which murmurs, I was informed by Dr. Boenning, would change their seat, would also disappear and reappear from time to time. His condition was regarded as being highly precarious.

Dr. H. S. Anders, who made a blood-examination in this case, obtained the following results: "It was remarked, after puncturing the finger-pulp, that oozing blood was peculiarly hydremic in fluidity, though not so in color appearance. In other words, while redness was fairly good, plasticity was lacking out of all proportion;; the blood, from moment of exit, moving freely and rapidly in the cutaneous furrows. Microscopical confirmation of this relatively increased blood-diffluence was then observed in the apparent aplasticity of the corpuscles. Instead of joining to form rouleaux the discs, with few exceptions, tended to place themselves singly or in groups of twos and threes, here and there. This behavior was absent from the convalescent's blood. The corpuscular count was 3,950,000 reds to the cubic millimetre. Slight, relative leucocytosis was present, and a few poikilocytes."

Both convalescents were free from fever. Among the interesting clinical features and points presented by the case herewith recorded are the following:

(a) The fugitive character of the cardiac murmurs, notwithstanding the presence of positive physical signs of advanced dilitation.

(b) The well-marked anasarca, with effusion into the serous sacs—events due in great degree to cardiac dilatation, and in lesser degrees to disturbances of the sympathetic nerves and the extreme fluidity of the blood.

(c) The chronic afebrile course of the disease, in cases in which the patients survived the initial period, was well shown in three instances.

(d) A point of great interest was the almost complete anesthesia of the skin, particularly in the convalescents, after the motor symptoms had undergone considerable improvement—a reversal of the course usually pursued by cases of multiple neuritis due to other causes.

(e) The greater variation in intensity of the symptom anesthesia.

Nature of the Disease.—To base a theory of the nature of this affection on the few cases observed by myself would be unwarranted. Dr. Samuel Wolfe, who examined the two convalescents, having been asked by me to state his opinion of the pathology of the disease, respond-

ed as follows: "The observation of the present series of cases has thrown some additional light upon the nature of the disease, more particularly in the establishment of a type in which the sensory symptoms have some special characteristics. The complete cutaneous anesthesia continuing after the other symptoms have almost entirely disappeared seems to indicate that under some circumstances, at least, the sensory fibres of the cutaneous nerves are particularly and most profoundly affected by the specific poison which evidently is the essential cause of the disease. The unfortunate early removal of the patients from the hospital, which prevents the following up of this symptom, leaves room only for speculation on the outcome. It may be assumed, however, that the result will be a complete restoration in the course of from three to six months, the period necessary for full regeneration in fibre which may be supposed to have undergone complete degeneration.

"Adding these facts to what has been already established by researches of Scheube, Taylor, Pekelharing, Winkler, and others, it may be said that beriberi arises from an organism which has a permanent habitat in certain geographical areas, and which to cause the fully developed disease, must enter the system repeatedly, during a season of more or less continuous exposure. This organism is a rod of coccus, which is probably present in the blood of all the inhabitants, sick and well, of the districts in which the disease is prevalent, but cannot be found in the blood of other subjects. By repeated inoculations of cultures the disease can be induced in animals. The toxin resulting from the organisms is probably favored in its production by the ingestion of certain kinds of food, as well as by other circumstances favoring auto-intoxication. To the specific virus is due the essential symptom of the disease, multiple neuritis, symmetrical in distribution and motor or sensory in type. To the very constant implication of the cardiac branches of the pneumogastric is due the gravity of the disease, on account of the heart-changes thereby induced. Dilatation and failure result in anasarca and serous effusions, the process being favored by the changed blood state, and probably also by vasomotor disturbances."

Treatment.—The treatment employed in the above cases embraces nothing unusual. Chief reliance was placed upon such drugs as strychnine, arsenic and iron, together with highly-nutritious food; while massage and electricity were also employed.

In Case 1, with a view to overcoming the cardiac dilatation and removing the wide-spread serous effusion. I enjoined rest in bed and prescribed for internal use the infusion of digitalis, dose half an ounce every three hours; also salines, but the early demise of the patient precluded the possibility of any beneficial effects following. In Case II the symptomatic treatment was indicated in connection with the clinical notes (supra).

RATIONAL DIETETICS.

BY DR. ALBERT BOSSE.

In no branch of the healing art is there a greater divergency in the views of medical men than on the question of dietetics. All shades of opinion are represented, from the silence of the nihilistic school, which left everything to the choice of the patient or his relatives, or the routine practice of the older generation of physicians, who rarely went beyond the administration of water, soups and gruels, to the accurate estimation of the qualities of albumen, carbohydrates, fats, salt and water required in the dietary. This is not surprising, for the aim of dietetics is to determine the correct proportion in which the different food substances must be admixed and introduced into the organism in order to make good the materials consumed in the tissue changes, and to indicate in each case the nature and amount of the nutriments necessary for this purpose. And it is difficult to fulfill this aim even in the case of healthy persons on account of the complicated character of the conditions present here. It is still more difficult when we have to deal with a diseased person, especially one suffering from fever, where the indication is to make good the increased consumption of material or where it is desirable to produce a more rapid formation of blood, so as to enhance the energy of the tissue changes and thereby stimulate the activity of the organic functions. The selection of food substances is not a matter of indifference here; it demands the closest

consideration and is so much the more important since the nutrition is impaired not only by the presence of the disease, but by the fact that the stomach is usually affected. Inasmuch as gastric digestion is less active than in the normal state and intestinal absorption is distributed, it follows that food administered to persons with fever, gastric or intestinal troubles should be readily digestible. They should not distend the alimentary canal or act as useless ballast, but should be so constituted that a minimal quantity possesses a maximum of nutritive value. Albumins, fats, carbohydrates and salts must be mixed in such proportions that their administration is followed equally by heat production, formation of fatty tissue and albuminous compensation, and that the blood and muscular system remain in a good condition.

The diseased organism must be strengthened in all its parts; the muscles must not be allowed to become pale and thin, the blood watery or deficient in corpuscles and coloring matter, the bones poor in lime salts, and there must not be too great a loss of fatty tissue. To accomplish this object the introduction of readily digestible albumoses food is requisite, and in sufficient quantity to meet the increased consumption of albumins, especially present in fevers, for numerous experiments have uniformly led to the result that more albumin is used up in ferbile conditions. Inasmuch as a far larger quantity of products of nitrogenous decomposition is excreted than the amount of nitrogen in the food, this decomposition must take place at the expense of the organism as soon as the original supply of albumin circulating in the blood has been used up. While in the diseased organism the albumin of the organs undergoes decomposition, in the healthy organism this applies only to the albumin taken in the food. We must, therefore, administer to our patients as much albumin as they are able to digest; in that way it is possible to preserve the albumin of the body, for although there is, on the whole, a greater nitrogenous excretion, less of this nitrogenous waste is derived from the organism. Efforts have been made to attain this object by the administration of preparations of meat peptones, which represent food products in which the albuminous elements of meat (which represents our most concentrated albuminous aliment, containing five times as much albumin as milk) are present in a soluble and readily digestible form. As, however, the meat peptones previously in the market have many disadvantages, attention is directed here to a new meat preparation named somatose, which is devoid of the objectionable features of the meat peptones, and seems destined to occupy a high place in dietetics; and for this reason it is desirable that the laity should also be acquainted with its character and manner of employment.

Somatose is a yellowish, odorless, granular powder, readily soluble in aqueous fluids, which contain all the nutritive elements of meat in a predigested form, thus differing from the meat broths formerly in use, which, whether prepared from fresh meat or meat extracts, represent only the savory but not the valuable nutrient constituents of meat. Hence the so-called strong beef broths, which are still regarded as nutrients, although anything but nourishing and unable to produce a gain in flesh, should be entirely discarded. On the other hand, somatose constitutes a food for the weakened organism which is capable of producing a real strengthening effect, since it is really absorbed without taxing the digestive organs, exerts a direct action on the formation of blood, and at once takes part in nutrition. Aside from this undoubted advantage of somatose over meat broths, it is superior to peptones especially, because it can be dissolved in milk, cocoa, gruels, bouillon, according to the patients' preference, does not provoke repugnance, as is so frequently observed in the administration of peptones. It is relished by the most fastidious patients, and need not be discontinued like badly-tasting peptone preparations.

This point is of supreme importance, for any interruption in the supply of albuminous food not only arrests any further increase of nutrition, but produces a marked retrogression, neutralizing the favorable results so laboriously obtained and postponing a complete cure to an indefinite period. From what has been just said the laity will appreciate the great value of a food product like somatose, which needs never to be discontinued in all cases where it is necessary to rapidly replace tissues which have undergone degeneration from fever or other severe disturbances; for the

more promptly that this restoration occurs the more rapid will be the course of the curative process. There are other facts, however, that will speak in favor of this new meat preparation. Somatose consists chiefly of albumoses, and contains only an extremely small amount of true peptone, and, as has been determined by comparative analysis, it far surpasses all competing products in its percentage of albumoses.

This is important, for the value of a rational meat preparation depends not in the least upon its high percentage of pure peptones, but upon the presence of considerable quantities of digested albumin or albumoses. The albumoses are much more soluble and absorbable than native meat albumin, and are of greater value for purpose of nutrition than the final product of digestion, peptone, since they have a higher nutritive capacity than meat, while that of the peptones is only equivalent to the latter. A pure peptone preparation would therefore seem to be indicated only in cases where the digestive organs are completely unable to perform their function, while an albumoses preparation, such as somatose, is preferable in all cases where it is necessary to improve the nutrition, to produce a gain in flesh, and to give the digestive organs some work to do even if it be very light. To save these organs even from a small amount of work does not appear to be justifiable in the vast majority of cases, for they always require some stimulation for the exercise of their function in order that complete relaxation may not occur. It is also of especial importance to know the extent to which an animal food product is absorbed and its influence upon the stomach and intestines. In this direction also somatose has proved far superior to peptone preparations, since it does not irritate the stomach and intestinal tract and does not produce diarrhea, which is so frequently observed during the use of peptones. We must, therefore, regard somatose as an admirable nutrient and restorative in all conditions where irritation of the digestive tract must be avoided, and where a digestible and readily absorbed food is required.

This proposition will prove of especial value in all acute febrile diseases, in the acute digestive disorders which are so frequently attended with fever, although it is no less indicated in many other affections, especially anemia, chlorosis, certain nervous troubles, etc., since disturbances of digestion are usually present in these cases. It is well known that an animal diet is badly tolerated, especially by anemic persons, although on account of its high percentage of albumins it is essential for a cure, and that peptone preparations are particularly repugnant to them. For these patients somatose is the most useful food; for although they cannot dispense with iron—that specific in chlorosis—the efforts to increase the quantity of iron in the blood are materially assisted by the simultaneous administration of somatose, because this also has a favorable action upon the blood, increases the energy of the tissue changes and the activity of the organic functions, and shortens the healing process. Elderly and debilitated persons who are unable to masticate their food properly and therefore cannot digest and assimilate meat and other solid foods, will find somatose (cooked in grits, rice, tapioca or dissolved in wine, cocoa, bouillon) superior in nourishing power to any other dietetic preparation.

Finally it must be emphasized in particular that somatose is of great service in the artificial feeding of infants, and inasmuch as it contains in abundance the nutritive salts of meat, so essential for the formation of the bones, the teeth and other structures, especially the phosphates of lime, it promotes the growth of the bony and cellular tissue; its use enables us to avoid overloading the child's stomach with indigestible foods, and in this way prevents many of the digestive disorders from which artificially fed infants so frequently suffer.

For all these reasons we have considered it as urgently demanded to call the attention of the general public to this concentrated, artificially digested food product of undoubted nutritive value, which stands unsurpassed as regards its assimilability and its prompt retorative effect in case of debility. Another reason which has induced us to discuss this preparation has been the fact that the lay public, owing to their lack of knowledge respecting the composition and properties of food substances, are apt to select improper foods for the sick, preparing them usually in the old-fashioned way, and without consideration to the patient's condition and his power of digestion.—Schleswig-Holsteinische, Hausfrauen Zeitung, No. 115, 1894.

CINCINNATI OBSTETRICAL SOCIETY, MAY 10, 1894.

(Continued from last number.)

Dr. Stanton.—Mr. President: It is rather difficult to make a comparison between the statistics given here to-night and the reports of the health officers. I see the author has included under the head of "still births," miscarriages occurring early in pregnancy, which is usually not the case. Very seldom do physicians report to the health officer cases of miscarriages before the period of viability. Some do report those occuring in the second, third or fourth month, but most of them reported occur after about six months. In this case a large proportion are recorded as still births, whereas ordinarily they would be treated as miscarriages and no report made of them. So we cannot use this paper for purposes of comparison. I think, however, the proportion of still births to live births is about what would be found in general practice. We have to keep in mind this fact, that most births at the Cincinnati Hospital are in primapara, whereas, in private practice most of them occur in multiparous women. When I was health officer, there were reported to the health office about one death to, I think, nineteen live births, or, more accurately, one to 18.92 live births, and that would not be very far from the figure given here to-night.

Dr. Mitchell—Mr. President I think that the most important feature of this very able paper is to emphasize that which has already been known by all obstetricians, and that is that syphilis is an important factor in these cases. In any case, whether we find a specific history or not, where there is a history of abortion or miscarriage, on general principles, it would be wise if the woman conceives again, to put her on specific medication. Now, I am satisfied, even from my own brief clinical experience, of the great advantage which we can derive from specific treatment where we know there is specific infection. In the vast majority of cases, of course, the infection will return. We can usually protect the mother, and often have her delivered at the time of a healthy child to all intents and purposes.

Now, as to tedious and long labor being a factor. I will go further than either of the two gentlemen who have spoken, and say that the second stage in a great many instances should not last more than an hour. The os lilated, the membranes ruptured and the head well down, and no, or at least very little progress, there is certainly no objection to terminating the labor quickly by means of the forceps.

Now, there is another question that the essayist has not brought out, which I am satisfied is a factor in the production of still births in many instances, and that is the prolonged use of anesthetics. I can call to mind one case where chloroform had been administered almost continously for six hours, not to the point of surgical anesthesia, except at the time of delivery, so that the woman suffered very little pain, and in this case there was a dead child. In my own practice, where I have employed chlorine, or where I have given chloroform, as I always do in first labors, I have felt sure that the asphyxiated condition of the child has been due largely to the use of the anesthetic.

Dr. Cleveland: Mr. President.—While we can only speak in praise of the industry shown in the production of the paper of the evening, it is not in a shape to discuss. But it has been suggestive to me of certain reflections, not exactly, however, in the line of thought in the paper, viz., the beneficence of many of these miscarriages, and how much the race is blessed by the elimination of this syphilitic strain. One gentleman speaks of the mortality attending birth as being greater than that for ovariotomy. Now, this is very good consultation room logic, when it is desirable to brace a patient up to a necessary operation. Of course, the gentleman used it merely as an illustration. The conditions of adult or fetal or infantile life are very different. In fetal life we have a lower degree of vitality. The eliminations of natural selection are, perhaps, at this period more radical than at any other time of human existence, and hence the great mortality of this period might be called normal. The conditions being what they are, with blighted parents, we expect blighted offspring, and the further we go back to the origin of life the greater will be the destruction. The possibilities of life in the seed, the egg, the vital germ, are infinite, while the destruction of these possibilities is vast beyond computation.

Dr. Ricketts: Mr. President.—There is one point mentioned to which I would like to refer, and that is fatty degeneration of the placenta. I wish when closing, the doctor would give us some information as to how these cases can be diagnosed previous to the expulsion of the fetus.

The gentleman to the left, who preceded the last speaker on the floor, claimed that chloroform is an important factor in the causation of still births. I am not the oldest member here, nor the youngest, but I have used chloroform for a number of years, and I have never had such an experience. I have given it in somewhere in near three hundred labors, and have never had that difficulty to contend with.

I think, Mr. President, that there are many cases of death of the fetus previous to the completion of the first stage of labor, and I do not think the doctor meant to have us understand that the death of the fetus did not occur previous to the pressure of the head upon the perineum. I want to stand by my friend, Dr. Johnstone, and must say the obstetricians have a rather high per cent. of death rate to deal with.

Dr. Palmer: As to fatty degeneration, I think there is no positive evidence of its presence until after delivery of the placenta, but

it is to be suspected, when a woman is delivered of still-born children repeatedly, and those still births cannot be attributed to syphilis, false presentation and position, or instrumental delivery. Then we can reasonably, practically act upon this presumption by giving chlorate of potassa.

Dr. Johnstone—Mr. President: Are not a great many of these cases due to syphilis itself, and is it not a small part only that is not due to syphilis, and does not the chlorate of potassium help you for that reason?

Dr. Cleveland—Does not the fatty degeneration mean simply malnutrition? If the mother is improperly fed and unhealthy, I cannot see why a condition of malnutrition might not obtain.

Dr. Mitchell—There is no typical form of fatty degeneration. You cannot by microscopic section say that any case is syphilis.

Dr. Bonnifield—I think everyone has observed that we often see very anemic women, whose nutrition is about as bad as it can be, give birth to very healthy children. It is very much like a fruit tree. I have always regarded syphilis as a great and almost the only cause for abortions.

Dr. Johnstone—As to malnutrition, why is it, then, that the women with lung trouble often begin to run down, but it is the rarest thing in the world to see those women miscarry?

Dr. Stewart—Mr. Chairman and Gentleman: So much has been said to-night that I must take occasion to thank you for the interest you have taken in the paper.

It was my desire to present simply a statistical paper, and as such I drew conclusions only from the facts given. The histories given are to my mind much more interesting than the classifications I had to make. As to including miscarriages in the early months, I will say that very few are included, but in the health reports of Cincinnati those are all included, and for ten years back all the difference made is that in the still-births the children are reported as never having breathed. Those coming before the sixth or seventh months were included as still-births. The premature births include those which breathed but died afterward. The doctor is correct as to a great many not being reported. If we reported all the cases of abortion that occur, we would swell the number of still-births in the Health Office until we would be ashamed of ourselves. The argument that 5 per cent. of the children die in birth, and that that is a basis for advising a woman to go through the operation of laparotomy, is of course very good, but it is far fetched; it may convince the woman, but it will hardly convince a medical society. However, the very fact that we have five or six per cent. of still-births in the hospital certainly speaks for more effort; however, this is not a criticism, and in the whole paper there were only three cases of prolonged labor.

In regard to the head pressing on the perineum, my rule is to aways apply the forceps when it has not made progress for an hour or an hour and a half.

With regard to the existence of syphilis—In the hospital, where the woman enters in the last hours of her pregnancy, or shortly before the labor, it is exceedingly difficult to give the anti-syphilitic treatment, but that early treatment of syphilis is of advantage I do believe. I treated in my own practice two men for syphilis, and advised them not to marry. One married, and his wife was pregnant before I knew it; she had a miscarriage the night after I heard of it and before I saw her. In the other case there was a peculiar horny formation in the palm of his hand, and this I could not get rid of. He was in the mail service. His wife I expect to be delivered about the 1st of June, and so far she has not had an untoward symptom. He also shows some enlargement of the inguinal glands.

If the man have the disease on his penis he will give it to the woman, and it will go through her system; otherwise, he will inject it into the uterus and syphilize the spermatozoa, and that will give the disease to the child. In the fetus you do not always find evidence of pronounced syphilis, but you do find them in the little weazened things that appear to be 70 years old. They have the high foreheads and the absence of hair over the frontal bones. Those are the children you can relieve very much, and those are the children which I think come from the syphilized spermatozoa.

Symphyseotomy has been a means of saving children, and Caesarean section in all probability is also saving lives that otherwise were lost. The day will come when we can get the perfect management of a case, that the percentage will be down to one or two, and the time will come when we will take the woman almost before she is born and prevent the disease contracting her pelvis.

There is only one other point. As to the question of giving chloroform James Wythe says that in one or two instances he kept the women under chloroform almost to the point of surgical anesthesia for nine hours, and she was delivered. If the child is pressing on the cord it may not take long for it to be killed. I give chloroform in every case, but only in the stage of expulsion, and sometimes up to the point of surgical anesthesia. Hypodermic injections of morphine, and things of that kind, are frequently responsible for the death of the child, but we do not always know that they are. Many women have been delivered with these things, and harm not occurred. If the paper is anything at all, it is a plea for more care.

Dr. Ricketts. Eleven years ago I kept a patient under chloroform, almost to the point of surgical anesthesia, and there was no trouble.

Well, Mr. Chairman, I think it is a little unsafe to draw conclusions from one, two or a hundred cases. If in the majority of cases we gave chloroform, for years and years, to the benefit of the women, we might draw conclusions, but I think it is an unwise conclusion to make from a small number of cases.

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PHILADELPHIA, JULY 21, 1894.

DENTITION AS A CAUSE FOR INFANTILE DIARRHEA.

By scientific investigation during the past two years there has been an attempt made to demonstrate that dentition, being an act of nature, could not be a cause of diarrhea in infancy.

The main facts brought out in support of this assertion were that diarrhea seldom occurred during the winter season, improper feeding being excluded, while the process of dentition was as active during that season as during any other; and, that most cases of summer diarrhea in infants were attributable to improper feeding, contamination of food and other causes, rather than the eruption of teeth, and by correcting such causes diarrhea can be checked irrespective of dentition.

While too much stress cannot be laid to improper feeding as the cause of diarrhea, still the assertion that dentition is not a cause for infantile diarrhea occasions a good deal of doubt to arise in the minds of physicians.

It is most certainly a fact that dentition may cause diarrhea in infancy through the reflex nervous system.

Pain as an exciter of glandular activity exists during the eruption of teeth. This is evidenced by the copious druling of infants during the period of dentition. Doubtless the same activity exists in the glands of the digestive tract, and renders the consistency of the intestinal contents soft to a degree regulated by the ability of the glands of absorption to take the watery elements. Should there be any excess of water secreted above the absorptive powers to reconvert, diarrhea will be the result. This, once established, is a condition which may be easily augmented by improper feeding, or digestive conditions, which may render normal food irritable, in a measure, to the digestive tract, and as a result diarrhea becomes worse.

Such was my experience with my own infant. He has been watched carefully, fed with all scientific precautions, and is a healthy, growing child, who never had diarrheal disturbance except as he cut his teeth. The first were cut late in the fall, and coincident with the eruption of the first four incisors a semi-mucous diarrhea took place lasting about three days.

Treatment checked the diarrhea as it did the irritability of temper, and the treatment consisted principally in the relief of pain by minute doses of deodorized opium alone, carefully administered. Sulpho-carbolate of zinc, arsenite of copper, bismuth, pepsin and chalk mixtures, without opium, failed utterly to check the diarrhea, but rather aggravated the trouble.

Some three months following, the other incisors were erupted with a similar experience and like results from treatment. During this time the child was breast-fed and its mother healthy.

The present summer four double teeth have made their appearance. This time the child had been fed on cows' milk during the previous four months, but with no diarrhea difficulty.

Believing that pain was the prime cause of the diarrhea and that pain was due to pressure on the gums of the errupting teeth, I thoroughly lanced the gums with an "X" incision over the offending teeth. The effect was almost immediate. Within an hour all diarrhea had ceased, and the previously peevish,

fretful child was laughing and playing happily, apparently oblivious to all aches and pains. He has since maintained good health in spite of the warm weather, and with no digestive disturbances.

These facts I have noticed in daily practice among other children, where the diet was of such a character that there could be no reasonable doubt but that it was scientifically correct. While I believe that the teeth may be a cause of diarrheal disturbance during the process of their eruption, I also believe that the diarrhea thus caused is of mild character and easily treated unless some faulty diet complicates the matter.

HOMEOPATHY IN LOCAL INFLAMMATORY CONDITIONS.

The great clinician Graves, many years ago, called attention to the homeopathic principle which underlies many of our best established modes of treatment. Time in no manner has disturbed that principle of "similia similibus." It is only lost ground and become unpopular since it has been monopolized by a sect which have used it as a tail for their kite of infinitesimal dosage.

In these days of cutting, sawing and slashing everything that has become infected, it would be well, if one cast an eye back on what Dr. John B. Roberts designates "Some of our Surgical Sins," and candidly ask ourselves if it would not often be as well for us, and a thousand times better for our patients, if we would give "infection atrium" the back door and confess we have been wandering away into the paths beset with pitfalls.

Let us not close our eyes to the marvelous powers of the counter-irritants—the old-fashioned mustard plaster, the flying blister, the red-hot iron, etc. But, some will tell us, that the tissues are infested with germs and they must be routed with antiseptics. Will they please tell us where germs are not; if they are not as ubiquitous as the rays of the sun, and if they do not exist everywhere that oxygen penetrates?

Will someone be good enough to point out to us any description of solution which is potent against germs that will not destroy every living cell that comes in contact with it? But we must not use a counter-irritant, forsooth, because its action is not understood. Is it not well known that the most valuable remedies in our possession are wholly empirical?

The fact is that counter-irritants, judiciously applied, possess great energy and marvelous curative properties. Let those who would familiarize themselves with one of the most potential agents at our command acquire a knowledge of the varied and manifold curative properties of the counter-irritant in any type of inflammation.

A DEATH FROM BROMIDE OF ETHYL.

A woman of 31 years, strong, well-built, consulted Suarez for womb disease. After eight months of general treatment curettage of the uterus was performed, the anesthetic being bromide of ethyl of which eight grammes were poured on a handkerchief and the inhalation given in the horizontal position.

She had taken about three inhalations when she said "you are stifling me;" then after two or three stertorous respirations, without any struggle, a light convulsion ensued, respiration ceased abruptly, the pulse stopped and the patient was dead.

All this occurred in the space of about 10 seconds. The face was purple, veins turgescent, the eyes widely opened and turned up, the pupils dilated.

The bromide was proved by analysis to be pure, still death must be attributed to its action, since there was no emotion sufficient to bring on syncope, and there was no heart disease or lung disease.

It must be supposed that there was initial cardiac syncope, as it is often seen in chloroform anesthesia, even in perfectly healthy individuals, an occurrence which Laborde explains by a reflex resulting from the initiatory action of the chloroform vapor on the nasal mucous membrane.

The bromide of ethyl has from its freedom from accidents in the past been considered a perfectly safe agent and that has perhaps led to a want of caution in its use. The occurrence quoted above shows that as great care is required in the use of this as in the use of chloroform.

—Acad. Bulletin de Med.—E. W. B.

Electro-Therapeutics.

Under the Charge of S. H. Monell, M. D., 44 West 46th St., New York.

THE PRESENT FARADIC MUDDLE. ITS SOLUTION MERELY A QUESTION OF COST.

No more curious state of affairs is presented in any branch of medicine than the contradictory statements of different writers in regard to instruments, appliances, etc., used by the profession. Some see good in none, some only in the kind they themselves employ. There is food for reflection in the following extracts relating to the various faradic batteries.

As invidious comparisons are not intended to be made in this department, all names will be omitted.

"I am sorry to say that no progress has been made for decades, since the completion of the galvano-faradic instrument, when it displaced the earliest forms of the magneto-induction apparatus."

"A bar to the progress of faradism is the impossibility of satisfactory therapeutic measurement."

"At best it (the modern instrument) is incomplete."

"Innumerable very excellent box-batteries are made, but all very much on the same plan, with no possibility of current variation save by the sledge."

"Our American instruments now far surpass those made in other countries."

"The interrupter is one of the most valuable factors in current control and variation."

"Unfortunately, it is not possible to regulate and control the singing rheotome as it is necessary to do for therapeutic purposes."

"With a possible exception of the Gaiffe Tripier induction apparatus, we have not a decent faradic battery in use."

"I believe the faradic machine is inherently faulty as a scientific electrical apparatus for medical purposes. The rheotome is a fatal element of weakness, changing the character of the current with the slightest modification, and often, as every electrician knows, in a manner which, if the thing were intelligent, must be regarded as purely whimsical. The faradic battery, like the shocking machines of half a century ago, must give place to a more precise and reliable instrument."

"The effort to overcome the weaknesses of the induction coil by the provision of some means of measuring the current obtained from it is as useless as it is difficult."

"In speaking of coils I, II or III, I always refer to the standard coils of my apparatus as made by X & Y, because these are the only coils that are precise as to quantity and quality."

The singing rheotome gives vibrations of great rapidity, but, unfortunately, it is not possible to regulate and control these as it is necessary to do for therapeutic purposes, and the vibrations vary with the battery force employed."

"Z's induction coils are unique in construction, and of unsurpassed efficiency in the treatment of those morbid conditions for which the faradic current is indicated."

"The ordinary faradic batteries are not suited for gynecological work, and satisfactory results must not be expected from their use."

"I am gratified to be able to state that manufacturers are giving more attention to the details of the construction of their medical induction apparatus. The arrangement of this combination of secondary coils is such that the apparatus is adapted not only to gynecology, but to all classes of work where the induced current is employed. The importance of this will be more evident when I tell you that I believe this current to be of more practical value than the galvanic."

"The advantages of this current in gynecological work are too numerous to be mentioned in detail. In a general way it may be said to be particularly useful in subduing pelvic pain and removing congestion and tumefaction of the various disorders of the female pelvic organs; and I say without hesita-

tion that it acts more promptly and gives greater satisfaction than any other remedy so far employed."

"It is this unsusceptibility of low resisting tissues to currents of exceedingly high tension that renders this quality of current of so much value for the relief of pelvic pains of a now inflammatory character, while the extraordinary readiness with which faradic currents of large quantity and low tension affect these same tissues gives to them a special value in certain nutritional disturbances."

"Unfortunately, we have no means of measuring accurately the dose of faradism, the only method at our command being the millimetre scale placed at the side of the coils. This is a very rude method, indeed, but it is all we have at present."

"It it much to be regretted that we have no means of accurately measuring the therapeutic dosage of the faradic current."

"Owing to the lack of standard instruments it is absolutely necessary for every observer to make his own record for clinical use. There are, unfortunately, two methods of marking faradic coils, which help to make this much mixed up subject still more chaotic. One is to have the scale read zero when the two coils are completely closed, and when the current is, therefore, at a maximum.

"The other—and, in the author's opinion, far more rational method—is to have the scale read zero when the current is at zero."

"The old attempt to measure the dose by a coil movable over the primary core, on a graduated scale, was so unscientific and inaccurate as to be ridiculous."

The above extracts are all taken from articles published within a year, more or less. To general readers they may appear confusing, if not rather discouraging. It is apparent, however, that allowance is to be made for various kinds of personal bias before we can accept some of the statements as true.

It is truer to say of faradic batteries and coils than it is of violins that a cheap, poor instrument will not produce the finest results, and I can assure any physician who wishes to purchase a high-grade, reliable faradic apparatus that he can secure what he desires without any trouble beyond paying its cost. Nor do I agree with those who conclude that because some vibrators are failures that all are so, and that no battery is good because some are very poor. There is no immediate prospect that the faradic battery will be displaced in general use by any other form of apparatus. I do not believe it will be superseded all.

It serves a purpose in medicine of very great importance and will continue to be improved rather than set aside. Manufacturers are entirely agreed in stating that improvement is chiefly a question of expense, and they will speedily turn out fine batteries in abundance, just as soon as a market appears.

Demand will create supply, but so long as physicians tolerate the abominations known as the family battery, its inferior workmanship and therapeutic worthlessness will, of course, keep dissatisfaction alive and discredit the induction current.

In regard to the dosage I may say also that a practical method of measurement will probably soon be given to the profession, as I am now testing a plan by which the dose may be accurately recorded.

In a future article I will describe this method.

S. H. MONELL.

ELECTRIC TREATMENT OF THE VOMITING OF PREGNANCY.

Gautier has used and recommends what he names the continuous descending faradization of the pneumo-gastric nerve, with a weak current, kept up for some time. Reports several cures.

—La France Med.—E. W. B.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

This body will hold its fourth annual meeting in New York on September 25, 26 and 27, at the Academy of Medicine. Members of the medical profession are invited to attend.

NAVY CHANGES.

Changes in the medical corps of the United States Navy for the week ending July 14, 1894: Assistant Surgeon Ammen Farenholt ordered to naval laboratory, and Department of Instruction, New York; Charles F. Kindelberger appointed an assistant surgeon in the United States Navy.

Miscellany.

TREATMENT OF PRURITUS ANI BY THE HYPOCHLORATE OF LIME.

Take a piece of cotton gauze two or three centimetres long, which has been moistened with a solution of hypochlorate of chalk, 2 to the 100—push up the anus, and leave in place until sharp smarting commences.

Then remove it and wipe surface of anus dry. Itching immediately ceases.

If it should return, the same proceeding is employed. It appears that this solution simultaneously clears up all the eczematous patches about the anus and scrotum, a condition so generally concomitant with an anal itch.

—Semanine Med. Avril '94.

BACTERIOLOGY OF ANGINA.

The bacteriology of angina is quite a new study, and each day brings forward some fresh facts in the shape of micro-organisms, which may be capable of determining these affections. The most prominent among these is the B. coli. Bourges met with it three times in seven cases of pseudo-membranous sore throat, and also twice out of five cases of diptheroid syphilides. It was always associated with other bacteria, but others have met with it alone.

—Annales de Med.—E. W. B.

INDICAN IN CHILDREN'S URINE.

Djouritch has made a very exhaustive study regarding the appearance of indican in the urine of infants and children, which is reported in the Revue Mensuelle des Maladies de l'Enfance. Although indican exists in normal urine, he believes that it occurs in such small quantities that when detected by ordinary tests its presence must be considered pathological. The diet of children being much less nitrogenous than that of adults, the appearance of this element is even more indicative of disease than it is in older persons. It occurs especially in diseases of the digestive organs, either acute or chronic. It is not, however, confined to these diseases, as it has frequently been found in pneumonia, bronchitis, typhoid fever, and even chorae and diphtheria. In tuberculosis it is almost constantly found. It is so constant in its appearance, in fact, that its presence, unless clearly explained upon other grounds, is a strong indication of tuberculosis. In obscure cases it may prove of material aid in diagnosis. It occurs more especially in those cases of tuberculosis which are accompanied by digestive disturbance, but it is sometimes observed when no such complication exists. Such an occurrence is difficult of explanation. It is probably due to some impairment of general nutrition.

—New York Med. Journal.

ELECTRICITY.

The catalogue of the McIntosh Battery and Optical Company, which has just been received, is one of the most complete of its kind in existence. There is much useful information regarding batteries in it, and it will pay any one of our readers to send to them for a copy, mentioning this journal. The electro-therapeutic department of this journal is fast becoming popular with our subscribers, and if the interest will manifest itself in united efforts on the part of our readers to correspond with the editor of this department, Dr Monell, for the good of the Times and Register, we feel sure they will be well repaid for any inquiries they may make or any suggestions they may offer.

KEEPING CUT FLOWERS FRESH.

Dr. B. G. Clark, of West One Hundred and Twenty-second street, New York, states that by mixing two teaspoonfuls of Platt's chlorides with each pint of water for the flower vases the cut flowers placed therein will keep

fresh for a long time, and the water will remain sweet and free from bad odor.

As we know that during hot weather the water about a bouquet will become stale and disagreeable in twenty-four hours, this is certainly a very simple and practical way of overcoming that difficulty.

GOLD MEDAL AWARDED.

Abstract from the "Rassegna Medica" (Bologna), No. 9, June 15, '94.

"I Premiati all' Esposizione Medica di Roma."

Our Journal has ever been a warm admirer and partisan of the chemical products of the well-known firm of Schering, at Berlin.

It affords us great pleasure to state that I have been among the first in Italy to examine phenocoll hydrochloride in regard to its therapeutic properties, in a most careful and conscientious manner. The excellent results obtained therewith have been published in the columns of the "Gazetta degli Ospitali" and the "Rassegna Medica."

This highly-esteemed firm—one of the most prominent chemical factories in Germany—from whose laboratories emanated, among others, the levulose (diabetin), piperazine and chloralamid, has been awarded a gold medal at the International Medical Congress in Rome, and we take occasion to express to this firm through the columns of this journal, our sincerest congratulations to this well-merited distinction.

—Dott. Vittorio Dall' Olio.

MY PA HE'S IST A DOCKER-MAN.

My pa he's ist a docker-man;
An' my ma said to me one day:
"Your pa has goned an' tooked a bran'
New baby boy crost the way,
To Mrs. Giles. An maby, dear,
If you be good, an ast him to,
He'll bring a re'ly baby here—
A little bruzzer boy for you!"

Well, when my pa comed home at night,
An' put his slippers on an' said
He guessed he'd haf to go and write
A letter 'fore he went to bed,
I climbed upon his knee, an' 'en
I hugged an' kissed him two or free,
An' ast him if he wouldn't sen'
An' git a bruzzer boy for me.

He said he would! an' 'en he winked
His eyes at ma, an' coughed an' smiled,
An' said he kind o' somewhat finked
He wouldn't diserpoint the child.
I don't know what he meant, but ma
Ist clapped her han's, an' 'en she said
It was a splendid joke on pa—
An' 'en they sent me off to bed.

Well, when the baby comed, you know,
'Twas ist a nuzzer girl, an' ma
Was ist heartsick about it, so
She had to stay in bed; an pa
He 'lowed the folks in babylan'
Was out o' boys, an' so they sent
A girl—or didn't un'erstan'
The kind o' baby that he meant!

—Ladies' Home Companion.

Notes by the Wayside

BY ERNEST B. SANGREE, A. M., M. D.

Quinine and whisky have come to be so generally considered by the average as good medicine for malaria that some are only too willing to see malaria in every ill. A few days since I overheard in a store a conversation between two women that illustrated this point. After one had detailed at great length her various symptoms, the other promptly told her that malaria was her trouble, and whisky and quinine the antidote, adding, "You needn't take much quinine, but don't be afraid to take plenty of whisky."

It is a well-known fact that on account of the superficial position of the blood vessels at ankles and wrists, the blood in cold weather is easily chilled at those points. For the same reason in warm weather one ought to keep these localities as lightly covered as possible. This is the case with regard to the wrists, but I am daily surprised at the rarity of low shoe wearers among the male sex. Ninety-nine men out of a hundred have thick leather coverings high over the ankles, and the shopkeepers say that so few low shoes are called for that it is often difficult to fit satisfactorily a customer who does demand them.

The ladies are much more sensible in this direction, a high shoe being seldom seen in summer. The fact is that low shoes give such comfort to the feet these hot days that it is difficult to imagine a person who has once tried them again wearing the high.

Women out West are no sooner emancipated enough to receive the vote and be allowed to make stump speeches to their heart's content than they promptly show a tendency to the public interchange of certain verbal courtesies that have hitherto rather been assumed to be the special prerogative of the men. "You are a liar, liar, liar!" is what one woman is reported to have screamed across the stage to Mrs. Lease the other day, during one of their little oratorical contests.

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Original.

THERAPEUTIC EXPERIENCE WITH EUROPHEN.

BY DR. ARTHUR STRAUSS, OF BARMEN.

1. GENERAL CONSIDERATIONS.

Europhen is obutylodthocresotiodide) results from the action of iodine dissolved in iodide of potassium upon an alkaline watery solution of isobutylorthocresol. It is a fine yellow powder, insoluble in water, but readily soluble in alcohol, ether, chloroform, collodion, traumaticin, and oil. It is resinous to the touch and adheres better to mucous membranes, wounds and the intact skin than iodoform. It is permanent in dry air; when heated with water to a temperature of 70 degrees C. it gives off free iodine, although when in contact with moisture minute quantities of iodine are liberated even at ordinary temperatures. The therapeutic power of Europhen depends upon this separation of iodine in the nascent state. It is non-poisonous and has a lighter specific gravity than iodoform, having a covering power five times greater than the latter. It has a faint aromatic saffron-like odor which nearly disappears in mixtures or solutions. A ten per cent. and even a twenty-five per cent. solution in oil gave no precipitate at the end of three months. Inasmuch as Europhen is readily decomposed (separation of iodine) all mixtures which contain starch, as, for example, zinc-amylum paste, are to be avoided. On the other hand, it is indifferent to talcum. Mixtures with metallic oxides (zinc oxide mercuric oxide), and the salts of mercury are to be avoided, while simple mixtures with fats, vaseline and lanolin are durable. Mixtures with lanolin are especially to be recommended, as this substance takes up a large quantity of water and favors a continuous formation of the soluble iodine compound. It is to the continuous separation of minute quantities of iodine that Europhen owes its destructive action upon the growth of bacteria. This liberation of iodine takes place as soon as the drug is brought in contact with moisture, and also occurs within the organism if Europhen is administered subcutaneously in suspension in a watery fluid, or, better still, in oily solution. Iodine poisoning cannot, however, result on account of the minute quantity of this substance given off. When properly employed in a ten per cent. solution bacteria of all kinds are arrested in their growth, although Europhen has no destructive action upon bacteria. Further Europhen is said to prevent the reduction capacity of bacteria having an anerobic growth. The therapeutic utility of the remedy is chiefly based upon this property, which belongs to none of the substitutes for iodoform hitherto proposed; aside from this fact it is free from the disagreeable and toxic effects which so readily appear in the case of iodoform. (In the extensive literature of Europhen the occurrence of a toxic exanthem, an uticaria, is only once noted.)

2. THERAPEUTIC EXPERIENCE IN DEMATOLOGY AND ANDROLOGY.

COMBUSTIO, CONGELATIO.

Siebel (9) successfully treated thirty cases of burns and injuries from caustics, from the first to the third degree, with Europhen. He employed the remedy in the form of the powder, or the ten per cent. Europhen gauze in the case of extensive surfaces and those to which insufflations could not be readily applied. The dressing was changed whenever necessary. An objectionable feature of this dressing was that the gauze frequently adhered firmly to the wound, and therefore he resorted next to a 10 per cent. ointment, which in consequence of its irritating effects, was finally replaced

by a three per cent. ointment, which gave admirable results. Under this application severe burns of the third degree healed completely after three to four weeks; the longest period of healing was 22 days. The analgesic effects of this ointment are also noted; symptoms of poisoning never occurred. Eichhoff (2) obtained a cure in 20 days after application of a one per cent. ointment. Becker (18) reports a case of severe burns (nates and left lower extremity) in a child three years old, with complete healing. The following method is recommended by Eichler (22); First application of a three to five per cent. ointment and then of a two per cent solution in oil, followed by a dressing of sterilized gauze moistened with Europhen oil fixed in position by a bandage. This dressing does not require to be frequently changed and rapidly produces healing even in cases of extensive and deep burns. Gilbert (13), Trnka (36) and Ullman (38) also praise Europhen in burns, and Trnka in frostbites.

Eczema.—In acute eczemas Europhen is contraindicated, while it effects improvement in the chronic forms (Eichhoff (2), Gottheil (26).

Psoriasis, Favus.—In these affections Eichhoff observed no successful results, while from another source a case of psoriasis is reported in which healing took place as promptly as under the use of chrysarobin. In parasitic affections of the skin the remedy is, in general, less useful. (Eichhoff (2), Eichler (22).

In pityriasis versicolor and herpes tonsurans (two cases) Gottheil (26) reports especially good results, while in herpes tonsurans capitis, acne and folliculitis the effect was not favorable, and in alopecia areata and lichen pilaris no better than that obtained from other remedies. Chronic parenchymatous dermatitis (seven cases) with torpid ulcers and necrotic tissues was much improved. Erysipelas is not influenced to any extent by Europhen (Eichler (22).

In lupus exulcerans Eichhoff (2) obtained a rapid cure in two cases, while in seven others published at a later date (24) the cure was not complete. Rosenthal (39) also observed good results in this disease, and Trnka (36) derived benefit from applications of a 10 per cent. ointment after curittage in cases of tuberculosis of the skin. Europhen is warmly recommended in scrofuloderma by Eichhoff (24), as well as by Gilbert (13), who employed it in the case of a girl 13 years old, with deep ulcerations of lymphatic origin, which had been previously treated without success by means of iodoform, balsam of Peru, nitrate of silver. After laying open the cavities Europhen was applied morning and night alternately in the form of the powder or of the 2 per cent. ointment, and every third night a cotton tampon soaked in 2 per cent. solution of carbolic acid was introduced and allowed to remain until morning. A proper diet and arsenic were also ordered. After a few weeks the ulcers became clean, graunlations sprang up and cicatrization ensued.

Eichhoff (2) and Nolda (6) have each reported two cases of ulcers of the leg in which rapid healing was obtained under the use of Europhen, while Rosenthal (39) ascribes only a slight influence to the remedy. Later Eichhoff (24) praised its action in eight other cases of this affection. Rosenthal's opinion has also been controverted by Gilbert (13), who in two cases of varicose ulcers of the leg, one of which was of the size of the palm of the hand and the seat of a firm infiltration with torpid and flabby granulations, obtained a cure under the following treatment: In the evening a tepid bath containing chamomile flowers, after which the entire surface was dusted with Europhen and a dressing applied. During the day a 2 per cent. Europhen ointment was employed. Granulations soon formed, and after three weeks cicatrization had occurred.

Leprosy.—Goldschmidt reports a case cured by Europhen. The disease appeared in the form of nodular formations at the left angle of the mouth, on the left upper lip, chin, right eyelid, on the tip of the nose, and on the right upper and the left under side of the thigh. The treatment consisted in rubbing all of the leprous spots and their surroundings with a 5 per cent. oil of Europhen three times daily for five minutes. The patient continued this treatment for ten months, it being only interrupted by the birth of a healthy child. Decided improvement was noticeable at the end of four weeks. The swelling subsided, the intense redness disappeared, the mouth could be more easily and widely opened. At the end of fifteen months a complete cure was demonstrated. During the entire course

of treatment the general health was excellent. In an experience of twenty-five years Goldschmidt never witnessed so favorable results. In four other cases treated by injections of 5 per cent. Europhen oil, a recedence of the nodules was observed, but later a recurrence ensued.

Syphilis.—Eichhoff (2) at first recommended subcutaneous injections of Europhen oil (0.05-0.1 gm. daily) in constitutional syphilis. Later he discontinued their use (24) because the positive results were not commensurate with the disturbances produced. On the other hand, he highly recommends the remedy in the local treatment of syphilis. Five cases of chancre healed completely on the average in fourteen days, and the same effect was obtained in four cases of broad condylomata. Nolda (6) also recommends Europhen in chancres. Gaudin (10) concludes that in the form of subcutaneous injections it is of little service in secondary syphilis, but that when injected in the vicinity of tertiary cutaneous lesions it always exerts a beneficial action. The patients submitted willingly to the nearly painless injections. He advocates its use for ulcerations, gumata, etc., as a good local remedy (sixteen cases). Migneco (16), Shoemaker (20) and Eichler (22), have also employed Europhen locally as an ointment in tertiary syphilis with success; the best results were obtained by Gottheil (26), who secured rapid healing in three out of four cases. According to Ullman (38), Europhen always exerts a cleansing and healing effect, and for the treatment of hard gummata and syphilitic papules he advises the following procedure: At night the parts are covered with mercurial plaster, and in the morning cleansed with sublimate solution, then dusted with Europhen and covered with sterilized gauze.

Excellent results in syphilitic processes have also been observed by Oeffelein and Neuberger (37), as well as by Rosenthal (39), who successfuly employed it in syphilitic ulcerations of the pharynx. Oeffelein and Neuberger noted more rapid healing after injections of 1 per cent. Europhen oil used daily or several times a week in cases of tertiary lues. The same favorable influence of these injections was also demonstrated by Gaudin (10), who injected a 5 per cent. solution in oil every five days. From four to seven injections were found sufficient. These were at first somewhat painful, but produced no toxic reaction. Secondary syphilis, however, was not influenced by the injections.

Chancroid.—In the treatment of soft chancres, Europhen has been highly recomended as a substitute for iodoform, especially on account of its odorlessness. Rapid healing was observed after its use by Gilbert (13), Kopp (15), Migneco (16), Eichler (22), and Migneco regarded its antiseptic power as greater than that of iodoform. Nolda (6) obtained a cure in six cases; in four in from seven to nine days, in the rest in twelve to fourteen days. In a case of large chancroid, one-half of which was treated with iodoform and the other with Europhen, the latter produced more rapid healing than the former, although applied to the worse looking part. Rosenthal (39) prefers Europhen to iodoform on account of odorlessness. Richtmann (23) usually obtained a cure within two weeks. In a comparative trial of aristol and Europhen healing occurred four days earlier with the later than with the former, while with a mixture of both these substances 4 to 5, he secured a cure two days earlier than with Europhen alone. On the ground of six cases Estay (34) concludes that Europhen has as much antiseptic power as iodoform, and is a perfect substitute for the latter, and that it is preferable on account of its caustic action, due to the separation of iodine, its agreeable odor, greater lightness, non-toxic character, and greater adhesive power. Under application of the powder a cure is effected within ten days.

Its freedom from odor and irritation is praised by Oeffelein and Neuberger (37) whose experience is confirmed by Rosenthal (39). To prevent adhesion of the powder and the formation of crusts which when removed are apt to produce bleeding the latter advises that one or two drops of olive oil be dropped upon the powder. Eichoff (24) treated 31 cases with an average period of cure of 14 days; Kopp (15) 19 cases in which the healing occurred in from 4 to 11 days. In 5 cases he employed the following procedure: After curittage under local anesthesia and arrest of hemorrhage with sublimate compresses he applied a dry dressing of Europhen, 1.0 gm., boric acid finely powdered, 3.0

gm., the crust formed being covered daily with the same powder. In 14 other cases the ulcers were cleansed with 1 per cent. sublimate solution and then covered with a mixture of Europhen and boric acid, 1.3 to 1.5 twice or thrice daily; complete healing ensued, on the average in 14 days. Ullmann (38) noted cicatrization of small ulcers within at least 10 days, of the larger sores in from 2 to 3 weeks. The application of a 5 per cent. solution of sulphate of copper to profuse suppurating or sloughing surfaces two or three times weekly aided the healing process. Recurrences, gangrene or autoinfection were never observed. Ullmann also recommends a 3 per cent. Europhen ether spray applied once daily.

Bubo Inguinalis. Two cases of bubo following chancroid, in which the glandular abscesses after spontaneous opening and partial discharge of their contents had become converted into large chancroidal ulcers, were treated by Ullmann with a mixture of Europhen and boric acid, 1.2, after thorough curittage and disinfection. There was but a slight reaction and at the end of 16 and 20 days respectively the cavity had entirely closed. In 7 other cases of sympathetic bubo, with abscess formation, compresses medicated with Europhen-boric acid powder 1.5 were applied after incision, curittage, hemostasis and disinfection. A cure was effected in from 14 to 31 days without formation of fistulae.

In the treatment of venereal lesion Kopp (28) especially recommends Europhen as a substitute for iodoform after previous curittage. Trnka (36) observed under application of Europhen powder complete arrest of the secretions and disappearance of pointed condylomata of the vulva and cauliflower excrescences on the glans penis by a process of gradual atrophy and without operative interference, provided they were of soft character. After excision of the firmer growths the remnants rapidly shriveled and the secretion of the mucous membrane disappeared under the use of Europhen. In erosions on the penis and vulva, and especially in balanitis (40 cases), the power of Europhen of arresting secretions is emphasized by Oeffelein and Neuberger (37).

3. EUROPHEN IN GYNECOLOGY.

Richtmann (23) employed Europhen with more or less success in diseases of the uterus. He calls attention to the fact that it has as marked analgesic effects as ichthyol, over which it has the advantage of being devoid of disagreeable odor and of not producing the burning pain in the urethra and the frequent painful desire to urinate which is so often observed under treatment with ichthyol. Europhen was employed in the form of ointments. The pains rapidly ceased, cicatrization of the erosions occurred, and at the end of 5 or 8 weeks the discharges were completely arrested. Excellent results were also observed from the application of the powder or of cotton tampons impregnated with Europhen in cases of erosions and ulcerations of the portio vaginalis, so frequently found in connection with gonorrhoea. Waugh (33) employed Europhen with admirable results in Kraurosis vulvae. On the ground of a considerable number of cases he calls attention to the value of a 6 per cent. Europhen ointment and regards the remedy as extremely useful.

4 . EUROPHEN IN SURGERY.

Drs. Oeffelein and Neuberger (37) found that simple incised wounds, after suturing and application of Europhen powder healed rapidly, while even severe contused wounds going on to suppuration cicatrized promptly. A similar result was obtained from the use of the powder or a 3 to 5 per cent ointment in cases of machinery injuries with extensive loss of substance, in phlegmons of the hand, extensive whitlow after incision, and in compound fractures of the fingers. Becker (18) also recommends the remedy for cases of minor surgery. No toxic effects were noted by Vulpius (7) in 50 cases, while pains or eczema were practically absent. In wounds of the skin and soft parts, both accidental and operative, and in defects due to phlegmonous, osteomyelitic and tuberculous processes, the drug almost always exerted a favorable effect upon the healing process.

In a few days healthy granulations appeared, which in some of the cases filled up large defects with astonishing rapidity; cicatrization was most satisfactory. Richtmann (23) found Europhen an admirable substitute for iodoform in small operations, incisions, circumcision for phymosis, after opening of buboes, and was never obliged to

discontinue its use and return to iodoform. Jasinski (27) employed a dressing of Europhen powder in a case where after castration of the left testicle and extirpation of tuberculous glands the wounds which had united reopened and suppurated, and obtained healing in ten days. Iodoform, sublimate, balsam of Peru, acetate of aluminum had been previously resorted to without success. In the case of a child which one year before had been operated upon for a septic osteomyelitis and for two months suffered from an ulcer, a cure was effected in two weeks by daily insufflations of Europhen. A boy who had suffered from an acute suppurative arthritis was cured in two and one-half weeks by numerous incisions and instillation of a three per cent. solution of Europhen in glycerine. Another case is reported in which a tuberculous ostitis following an arthritis had been treated by wide incision. Persistent suppuration occurred which could not be arrested by balsam of Peru or sublimate. The employment of a three per cent. solution of Europhen in glycerine every second day effected a complete cure after eight dressings.

Oeffelein and Neuberger (37) tried Europhen in cases of fissure of the anus; Eichler (22) in urethral surgery in form of gelatine bougies. The latter recommends it also in the treatment of fistulæ on account of its cicatrizant properties.

With the object of diminishing the wound secretions and of preventing the detachment and maceration of the grafts in Thiersch's method, Trnka (35) made use of dry dressings of Europhen. He regards the remedy as admirably adapted for this purpose because the resinous, extremely fine and light Europhen powder adheres firmly to the wound surfaces not covered with the grafts, thus forming a wall and protective covering for the transplanted tissues, without exerting a chemical action upon them or interfering with their vitality. The Europhen is applied with a brush so as to form a thin layer through which the grafts can be seen. Over this is placed a thin strip of gutta percha fabric anointed with white vaseline, extending about 2 cm. beyond the margins of the wound. After several strips of wicking have been inserted beneath the gutta percha for purpose of drainage, it is firmly fixed to the skin with chloroform, and covered with a layer of cotton and an organtine bandage. The dressing should be changed no later than at the end of two days.

Trnka (36) however, employed Europhen chiefly for medicating gauze, mull, lint, which are thus converted into "adhesive dressings," which are very suitable for the arrest of bleeding. He used for this purpose an emulsion (Europhen 5.0—10.0 gm., alcohol, 100.0 gm., glycerine, 20.0 gm.), about 100.0 gm. to one metre of gauze; some Europhen powder was also rubbed in. This dressing proved serviceable, especially in severe hemorrhages of exhausted or collapsed persons, in epistaxis in children, in bleeding from the female genitals, and after operations on the rectum.

Trnka is the only author who observed a typical urticaria from the use of a ten per cent. Europhen ointment, after the third application of the dressing.

EUROPHEN IN RHINOLOGY AND LARYNGOLOGY.

In diseases which are characterized by an increase of the secretions, such as rhinitis hypersecretoria (twenty-five cases), rhinitis acuta (three cases), Europhen applied in substance has proved a very useful remedy in Petersen's (4) practice. This is confirmed by the experience of v. Szoldrski (8), who observed striking effects especially in three cases of laryngeal phthisis attended with marked muco-purulent secretion, which in one case was enormous in amount. On the other hand, in cases where there is a diminution of the secretions, that is, in rhinitis atrophica foetida fourteen cases (and also in eczema naruim thirty-three cases), Petersen observed a very satisfactory stimulating effect upon the secretions from a ten per cent. ointment. Lowenstein (5) obtained excellent results in operations in the nose, in perforating ulcer of the septal cartilage, non-fetid atrophic rhinitis and in epistaxis due to erosion of the septum. In fetid processes he prefers Aristol. He also recommends Europhen in syphilitic processes in the nose. The ointment is preferable to the powder. Chappell (17) has treated fifteen cases of ozaena with insufflations of Europhen. After four months' treatment three cases were cured, while the others were much more benefitted than by other remedies. As regards manner of appli-

cation the parts were first cleansed, and then covered with Europhen by means of a powder blower. This was done every morning, while in the evening the patient was directed to use an ointment consisting of two drachms of Europhen to an ounce of vaseline, applied with a camel's hair brush. Under this treatment the secretions were increased, which were first of a mucous and later of a watery character. A case of purulent catarrh, which had been treated for eighteen months with slight success, improved rapidly. The author also praises the hemostatic and antiseptic properties of Europhen after operations in the throat and nose. Wertheimber (19) regards Europhen as having achieved an assured position in the treatment of nasal affections, especially in cases of hemorrhages due to erosions of the septum, non-fetid, atrophic processes of the nasal mucous membrane, and for local medication of syphilitic ulcers in the nose, on the lips and angles of the mouth, where Europhen appeared decidedly more effective than similar preparations, such as iodoform, iodine-glycerine, Mandl's solution, etc. He confirms Lowenstein's observations, while Petersen's statements regarding the value of Europhen powder in hypertrophic and atrophic diseases of the nose are confirmed by Eichler (22).

Although Lievin (32) observed eczema follow the application of Europhen ointments in rhinitis hypersecretoria he has learned to value the irritating effect of the remedy in dry catarrhs of the nose. In rhinitis atrophicans simplex he employs salve tampons, which are allowed to remain for twenty-five minutes, and are at once followed by a feeling of moisture and relaxation of the nose. In ozoena he also noted improvement, while after intra-nasal operations he succeeded in maintaining an aseptic condition of the wound by the use of Europhen. The same observations were made by v. Szoldrski (8), who especially calls attention to the fact that the powder is very adherent to the mucous membrane, and not easily removed by the act of coughing or by blowing the nose.

EUROPHEN IN OTOLOGY.

Nolda (6) noted very favorable results in purulent inflammation of the middle ear. Richtmann (23) praises the effect of Europhen in diminishing secretions in otitis media. In a case of fetid otorrhaea in which a rupture of the left drum membrane had occurred in consequence of irrigation with strong carbolic acid solution, while on the right side there was thickening of the tympanic membrane and a muco-purulent discharge. Powell (25) observed excellent results from insufflation of Aristol-Europhen, equal parts. Under their use twice daily, the discharge had diminished and lost its fetid character at the end of eight, and after the lapse of two and one half weeks, it was completely arrested with improvement of the hearing power. In two similar cases an equally good result was secured. Lievin (32) employed Europhen in chronic suppurative inflammation of the middle ear, with remarkable success. After cleansing the ear, and drying, he introduced a ten per cent. solution in oil. Trnka (36) considers Europhen a rapidly effective remedy in profuse otorrhœa, which is arrested within a comparatively short time by insufflation of the powder, the ear being previously disinfected by an antiseptic solution. In ozena the remedy prevents, or, at any rate, retards recurrences.

EUROPHEN IN OPHTHALMOLOGY.

According to Fernandez (14) Europhen exerts a marked action in diminishing secretions in cases of conjunctivitis, Keratitis, accidental traumatisms and operation wounds (eight cases). Suppuration following operative procedures which could not be controlled by daily washing with boric acid, sublimate ceased after the first application of a one-half to one per cent. ointment. The author also calls attention to the cicatrisant action of the remedy after operations on the eye, even those of severity, such as enucliation.

EUROPHEN IN INTERNAL DISEASES.

Powell (25) employed rectal suppositories of Europhen-Aristol (twice daily) in chronic entero-colitis, with marked pains in the region of the transverse colon, and after three days' use observed cessation of the pain, which failed to recur. In chronic gastric and intestinal catarrh attended with pain an equally good result was obtained from this treatment within ten days. In a case of chronic constipation the suppositories relieved the intense feeling of soreness in the transverse and descending colon while the discharges of shreds of membrane, mucous and blood, with the stools, were

greatly lessened. Powell regards Europhen and Aristol as specifics in abnormal discharges, superior to iodoform, and as hemostatics par excellence, especially in epistaxis.

9. ACTION OF EUROPHEN ON THE TUBERCLE BACILLI.

This action has been investigated by Christmann (30) on pure cultures of the tubercle bacilli in the following manner: 1. Europhen was dusted directly upon the culture; 2. It was placed in a short tube which was suspended in the hermetically closed culture tube; 3. It was employed in the form of a concentrated solution in olive oil, about 25 per cent. As the result of intra-peritoneal inoculations of guinea pigs, it was demonstrated that Europhen exerts a powerful bactericidal effect in all cases wher ethe conditions are favorable for its decomposition, that is, the separation of iodine. This occurs not only when the drug is brought in direct contact with an aqueous culture medium, but also when it is exposed to an atmosphere saturated with moisture, and not in direct contact with the culture. When dissolved in olive oil, it remains ineffective even after twenty-five days' action on the culture: when dusted on the latter it does not positively cause death of the bacilli in fourteen days, but usually in twenty-one days, and in the form of vapor in twenty-seven days, while in the latter case it markedly diminishes their virulence in thirteen days.

FORMULAE RECOMMENDED IN PRECEDING ARTICLES.

grams.
R Europhen ..... 2|5
Ol. Olivar ..... .25|
Filtra.
Ds.: zu Injectionen.

grams.
R. Europhen. ..... 1|
Solut in Ol. Oliver..... 3|5
Vaseline. ..... .30|
Lanolin. ..... .15|
Ds.: Brandsalbe.

gram.
R Europhen. ..... 5|
Solut in Ol. Olivar..... .20|
Vaseline. ..... .20|
Lanolin. ..... .15|
Mf. ungt. fur torpide Geschwure.

gram.
R Europhen. ..... |05
Ol. Amygdal gutt. Nonmeli Ol.
Cacao. ..... 2| 5
Mf. globul. vaginal. No. 1.

gram.
R. Europhen. ..... 5|
Aristol. ..... 4|
Ds.: Zum Bepudern.

gram.
R Europhen. ..... 1|
Acid Boric Pulv..... 3|
Ds.: Zum Aufstreuen.

gram.
R Europhen. ..... |05
Vaselin flav..... .10|
Ds.: Augensalbe.

gram.
R Europhen. ..... 3|
Alkohol. ..... .80|
Glycerine quant. sat. ad..... .100|
Ds.: Zur Impragnirung "Klebender" Verbandstoffe.

gram.
R Europhen. ..... 5|
D.: Trockenantisepticum.

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PHILADELPHIA, JULY 28, 1894.

SAMUEL S. THORNE, PRESIDENT OF THE NATIONAL ASSOCIATION OF RAILWAY SURGEONS.

We are pleased to be permitted the privilege of presenting to our readers the portrait of the president of the National Association of Railway Surgeons for the ensuing year.

Dr. Thorne is one of the best-known and most highly respected surgeons in the great and growing West. He has occupied about all the big positions of honor and distinction in the gift of his profession of Ohio and Toledo, where he has faithfully labored for more than 30 years.

With keen foresight and a quick realization of the new demands which our prodigious railway system has imposed on the profession, he, conjointly with a half-dozen well-known surgeons of the West and Southwest, organized that immense association of which he is the honored head.

The present thrifty, prosperous state of the National Association and the large number of State Railway Associations, attest to the wisdom and good judgment of that little band of pioneers brought together by Mr. Thorne.

No other organization of surgeons ever called into existence, for its early age, has accomplished the work of the National Association of Railway Surgeons. Its past record has been a pride to every member. Recently its harmony was marred by some unfortunate political bickering, but with the firm, sincere and fearless Thorne at the helm, petulant disturbers will be ruthlessly cast aside, and we will look in the future for more and better work than in the past.

Dr. Thorne's opportunities are great and his responsibilities are many; therefore, with well sustained support and assistance, we will look during the coming year for the greatest success the National Association has ever enjoyed.

THE SIGNIFICANCE OF ANURIA AFTER SURGICAL OPERATIONS.

We not infrequently hear it said that the case would have done superbly after operation "had not suppression of the urine" set in and cut off life.

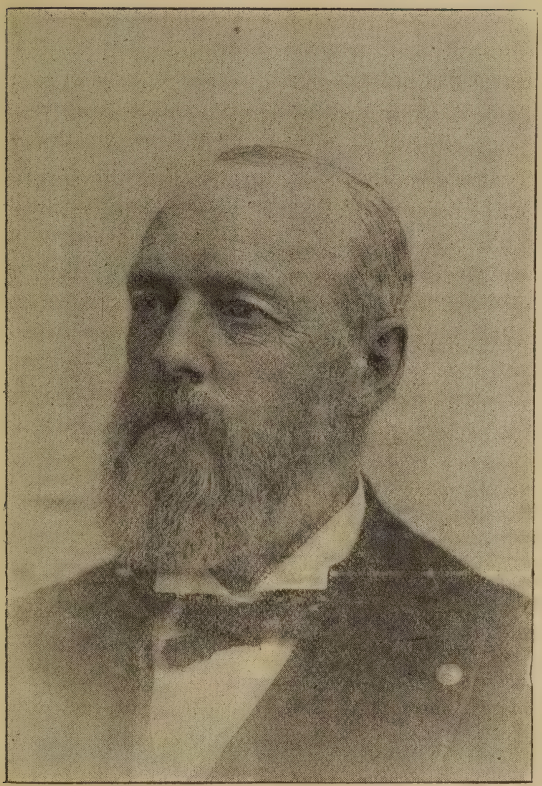
This assumption in the vast majority of cases rests on a fallacious foundation, without a shadow of proof to sustain it. Cause is confounded with effect. A capital operation has been performed, a limb has been amputated or a serous cavity opened.

Profound mental shock follows, or acute surgical fever succeeds, the heart's action is tumultuous, the pulse becomes thready and excretion of the urine ceases. This latter phenomenon is always one of serious omen, under these circumstances; not because it implies that any pathological changes whatever have seized on the secreting elements of the kidney, but that peripheral death has commenced. The blood-current steadily diminishes in volume, the secretory glands cease to act through want of circulatory supply.

We will observe for some time before the end comes that the lachrymal glands are deficient in action, so that the orbital conjunctiva and cornea become dry and hazy, the tip of the tongue is cool and the mouth dry.

No! suppression of the urine is rarely if ever per se a post-operative cause of death. It is simply an evidence of vascular stasis, following on a sinking of the vital powers, a consequence, and nothing more.

This term, together with the more modern meaningless makeshift, "heart failure," should go in the same category, for they both serve as an excuse and cloak for ignorance, and nothing more.



SAMUEL S. THORNE, M. D.

Surgery.

Under the charge of T. H. Manley, M. D., 302 W. 53d St., New York.

THE GONOCOCCUS OF NEISSER, IN THE SANITARY SERVICE OF LYONS. * * * * A STUDY OF BLENORRHAGIA IN THE FEMALE.

By Dr. Carry.

This contribution is one of high importance, for the reason that it deals with a subject which has come recently to occupy an important position in the etiology of female pelvic diseases.

The author begins by affirming that in many of the most virulent infections of gonorrhea the symptoms are practically nil, while, on the contrary, when a purulent discharge is abundant, the pyogenic microbe is not of an infectious origin. Therefore, the importance of a microscopical examination in all suspected cases.

The gonococcus is most frequently found in the meatus urinarius and the cervix uteri, but rarely in the vagina.

Loser had frequently found the gonococcus when the part infected had no symptoms whatever.

M. Carry declares that in any given case an accurate diagnosis may be made by simple, effective and rapid means.

The different methods of examination are detailed and finally his own is described, which occupies but two minutes. He expresses a few drops of matter from the gland of Bartholin, desiccates and stains his specimen, and in a moment or two is ready to use the lens.

He prefers an aqueous solution of methylene-violet of Merck's.

The full particulars of detail in bacteriological examination is set forth. Indeed, he freely declares that the reason why negative tests are made is because of the difficulty or carelessness in making use of the microscope.

On the question of contagion, he says it is important to know how a man may acquire the disease, and how he communicates it.

With him, he alleges, the urethra, rather than the peri-urethral follicles is the primitive seat. After the acute stages pass off, then one may copulate without pain, but with a certainty of communicating the disease. Under the influence of an erection the urethral secretion is formed abundantly and makes its way to the meatus.

This in gonorrhea is invariable infected. Now, if the glans-penis is carried far up the vagina to the cervix, infection is most certain; while if emission takes place near the vaginal outlet, the danger of transmission is greatly diminished. Especially is this true when an immediately vaginal lavage is made. The cervox being the site at which the cocci most abundantly abound, if the male ejaculate in close contact with this, the danger of infection from the woman is great.

—Archives De Tocologie et De Gynecologie, June, '94.

CENTRAL ANUS CONSECUTIVE TO GANGRENOUS HERNIA.

By M. Chaput.

Mondret has recently presented an interesting "resume" on this unusual disease.

A woman, 50 years old, had a crural hernia for eight years, on the right side, which became strangulated. The tissues broke down and an artificial anus followed.

After some months, the edges of the intestine were united; but after twenty days, union gave way, and fecal leakages succeeded as badly as before.

A second attempt to close the bowel met with no better success.

For a long time a tampon was worn, to hold back fecal matter, but of late the gases and liquid elements escaped, and were a source of great distress to the unfortunate patient.

Now, Mondret, as a preliminary to operation, for several days fed the patient on nothing, except milk; in the meantime keeping the parts washed with a boracic acid solution. For some time one gramme of naphthol was taken daily.

Operation was made under cocaine

anesthesia—1 to 100 per hypodermic injection and 1 to 20 for direct application.

After a circular incision around the orifice of the fistula, the skin and other structures were deflected back one and one-half centimetres. Now, the borders of the intestines were partly vivified, when the mucous and cellular coats were closed with fine silk suture. Next, the muscular and serous coats were closed with the same material. The peach was now closed with drainage and dressing applied.

For the first day nothing but small doses of opium were given; from the second day an alimentation of milk followed, on the sixth day a dose of calomel was taken and an enema given. On this day the superficial sutures were removed. Union was finally secured, though it was necessary to use caustics lightly in the end. A complete cure followed.

—Revue de Therapeutique, Medico-chirurg. Juillet, '94.

ROREX ON TREATMENT OF FRACTURES BY THE AID OF THE SUTURE.

This surgeon reports two cases of fracture of the clavicle, with immediate suture. The success was so excellent, he says, that in each one month after no trace of deformity could be detected at the site of injury. He advises it particularly in all those cases in which there is a tendency to vicious union.

Two other cases of fracture of the femur were mentioned, though the results were not satisfactory. Hennequin's apparatus is regarded as most useful.

A case of serious fracture of the leg is also included in which, he says, the results were very gratifying.

—Revue de Therapeutique Medico-Chirurg. Juillet, '94.

Note by translator—The wire suture is undoubtedly a valuable adjunct in certain types of serous compound fracture, but its range of application is very limited, and must be regarded as an unwarranted procedure in all simple fractures, if we except the patella.

T. H. M.

NECROSIS OF THE LABYRINTH AND DEEP MASTOID SUPPERATION.

M. Lannois discusses in extenso and presents many cases illustrative of neglected ear lesions in children.

He points out, with singular precision and detail, to the pathological changes and symptomatology of suppurative middle-ear disease, showing how it may lead to impaired hearing, total deafness or facial paralysis.

He is no less emphatic on the importance of early and radical measures in suppuration of the mastoid-antrum, by laying freely open the pus focus and clearing away all infected tissue.

—Revue Laryngological, D'Otologie and Rhineologie, Juillet, '90.

ON THE EMPLOYMENT OF GLYCERINE IN HEPATIC COLIC.

M. Feiraud has lately reported at length his experience in the treatment of hepatic colic by glycerine. He summarizes as follows:

(1.) Glycerine introduced by the stomach is taken up by the circulation unchanged, and so we will find it in abundance in the hepatic veins.

(2.) It is chologogue of great power and of vast potency in billious-colic.

(3.) A large dose (from 20 to 30 grammes) is needed in colic.

(4.) A small dose (from 5 to 15 grammes taken in some alkaline water, taken from time to time, will prevent recurrent attacks.

(5.) Glycerine without being a lithotriptic is the medicament par excellence in biliary lithiasis.

—L'Union-Medicale, Juillet, '94.

LARORGENNE ON UNION OF ABDOMINAL INCISION AFTER LAPAROTOMY.

This author, with a view of obviating the tendency to eventration after laparotomy, recommends that immediately after operation there should be inserted two deep metalic sutures, including all the layers. These are left in place, with gauze interposed, to keep the wound open, till all suppuration has ceased. As the discharges discontinue the gauze is gradually removed and the sutures brought singly into position. This plan, it seems, has been effective in securing solid union and diminishing the tendency to hernia.

—Gazette De Gynecologie, Juillet, '94.

Medicine.

Under the charge of E. W. Bing, M. D., Chester, Pa.

EXOPTHALMIC GOITRE.

This is characterized by three essential symptoms, goitre, palpitation and exophthalmos, which constitute the symtomatic "tripod."

The beginnings are slow but progressive. The person complains first of strong palpitations and then goitre shows itself, with exophthalmos. If, however, sometimes begins abruptly, as when caused by a fright or over-strain of the muscular and circulating systems. The pulse in this disease reaches sometimes 140 to 160 beats; physical signs are generally wanting, as regards the heart. The arteries of the neck are dilated, and give a murmur.

The normal pulse while accelerated is very feeble. The lowered pressure and the peripheral vessels contracts with the elevated pressure on the central parts of the system, a phenomenon analogous to that seen in essential bachycardia. Enlargement of the thyroid gland occurs generally slowly; it is the seat of alternate congestions and remissions.

The whole of the gland is usually affected. If only a part it is frequently the right lobe. The superficial veins become prominent; the gland, as also the entire neck, seems to be shaken by the pulsations; sometimes a sort of thrill may be felt, with an expansion following each cardiac contraction.

Compression of the trachea and the recurrent nerve sometimes occurs when the enlargement is great.

The exophthalmos is the next symptom in the category; generally symmetrical, but sometimes more marked in one eye than in the other. It is sometimes slight and sometimes extreme, the eyes being too prominent for the lids to cover them, thus rendering them liable to inflammations from the deposits of dust.

Exophthalmic goitre is frequently associated with hysteria, neuralgia, disorders of the mind, &c. Digestive disorders, sexual disorders, as amenorrhea or dysmenorrhea.

Pregnancy exerts a bad effect over exophthalmic goitre.

—Annales de Med.—E. W. B.

TUBERCULAR ULCERATION OF THE GUMS.

A case is reported in Prog. Med. in which ulcerations of this character destroyed more than half of the height of the inferior maxillary, causing the teeth to fall out.

This is somewhat rare, since tubercular ulcerations affecting the gums are usually superficial.

CARBOLATE OF MERCURY.

The carbonate of mercury is said to be a good remedy, since it is more antiseptic than carbolic acid and less poisonous than the other salts of mercury.

TONGUE-TIE.

Chervin has made studies on the subject of cutting the fraenum for tongue-tie, and finds that outside of cases where the shortness of the fraenum prevents the child from nursing, the operation is useless, as far as improving speech is concerned.

—Prog. Med.

The autopsy on President Carnot revealed that the wound was situated immediately below the false ribs on the right side, three centimetres from the xiphoid cartilage. It measured 20 to 25 mm., and the knife had cut completely through the corresponding costal cartilage. The dagger penetrated the left lobe of the liver, about 5 or 6 milimetres from the suspensory ligament. It passed from left to right, and from above downwards, wounding the portal vein in two places; the tract of the wound in the interior of the liver measured 11 to 12 centimetres.

—Annals de Medicine.

ARTIFICIAL RESPIRATION BY INSUFFLATION IN CASES OF ASPHYXIA.

Laborde says that in a number of cases of grippe, asphyxia, due less to the pulmonary lesions than to the infection

of the blood itself, constitutes the cause of death. The mechanism is the same as seen in poisoning caused by carbonic acid gas, curara, strychnia or tetanus.

The proper proceeding is to perform insufflation by the bellows, as used in experimental physiology.

Laborde has invented a plan by which this can be done without requiring previous tracheotomy. Inhalations of oxygen, rythmic tractions of the tongue, while serviceable, have not the powerful action obtained from automatic machinery adapted to carrying on insufflations (of various gases).

Carpenter introduces a new method of ligating blood vessels, similar to the usual method of ligating, by a double ligature, the pedicle of a tumor. Success is absolute.

—Prog. Med., E. W. B.

TREATMENT OF LEAD POISONING BY THE MONO-SULPHATE OF SODA.

After many experiments on animals Peyron has discovered that mono-sulphate is a good remedy for saturnism.

He gives the drug in doses of 30 to 40 c.gms, per day, either in solution with glycerine or in pill form. The liquid preparation is preferable.

The eliminative properties of the compound are superior to those of iodide of potassium. The elimination may be gauged by analysis of the urine.

He has shown that the black coloration of the stools gives way in a few days to the normal color, and attributes this to elimination by the bowel.

The administration is easy, and the salt has the advantage of increasing the appetite. The colic is quickly banished. Recent palsy is rapidly cured. Besides these advantages it is useful in a diagnostic way in doubtful cases, since the urine shows bad traces almost at once. He, Peyron, advises that purgatives should be used in addition—where there is colic—and in the paralysis electricity is advantageous.

—Progr. Med., E. W. B.

SYPHILITIC ONYCHIA.

Specific medication by potass iod. and mercury.

Cleanse the wound thoroughly and dust with

	Grams.
R Calomel (grains 15)	1
Lard (ounces 1)	30

Or with strips of plaster de Vigo.

—Annales de Med—E. W. B.

TREATMENT OF OZENA.

Range has adopted very thorough irrigation of the parts as a means of cure.

The principle consists in the abundant quantity of liquid employed at each sitting. Instead of the 3 or 4 litres usually recommended, he uses from 20 to 50 litres. The practice of these large effusions is much easier than it appears to be. Range declares that there is no danger to the middle ear, and says that he has never seen an unfavorable symptom arise from this method.

—Revue Medicale.

Bacteriological experiments have been made with dust collected from railway cars. Samples were inoculated on a number of animals. Part of them rapidly died from different contagious diseases; the others succumbed after a variable time. Three of the last who had been inoculated with dust taken from the walls and cushions of the carriages showed signs of tuberculosis.

—Revue Medicale.

THE BLOOD IN PULMONARY STENOSIS.

Banholzer describes the results of the examination of the blood in a deaf mute aged 10 years, with congenital pulmonary stenosis. There was marked cyanosis, and the finger ends showed great clubbing. The hæmoglobin stood at 160 per cent., the number of red cells at 9,447,000 against 5,000,000. The alkalinity was 0.028 as against 0.25 to 0.35, and the specific gravity 1071.8 instead of 1035-1068. Reduced hæmoglobin was present as well as oxy-hæmoglobin. The N-estimation corrresponded to 3.7 per cent. of the fluid blood, and 13.15 per cent. of the dried blood. There was no change in the morphological elements. The examination thus showed a striking concentration of the blood. The author refers to two recorded cases in which the same observation was made. The marked cyanosis is in all probability due not to stagnation,but to this concentration of the blood.

—Centralbl, f. inn. Med., June 9, 1894.

Therapeutics.

Under the charge of Louis Lewis, M. R. C. S., Philadelphia.

DIPHTHERIA ANTITOXIN.

I take great pleasure in placing at your disposal the results obtained by me with injections of Diphtheria Antitoxin-Schering.

Twelve children out of 64 at the Girl's Protectory (Madchenhort) had been stricken by the disease in a severe form; two of them died; all the others were treated with the Antitoxin-Schering, after which the institution was closed.

On opening the "Madchenhort" a week later I was happy to note that no new cases developed and even to-day, after six weeks, all are well, although the most direct intercourse had existed, and I can likewise state the same fortunate result from Antitoxin injections in cases of brothers and sisters of children suffering from diphtheria. I further inoculated 30 children in nine families where diphtheria had broken out, not one of whom was attacked by the disease.

In six families, where I was called at an early stage of the disease—yet undeveloped, but undoubtedly diphtheritic in character—I injected the Antitoxin in all the children, sick and well alike, with the result, that, although the membranes developed in the sick children, a very much milder form and shorter duration of the disease was obtained; the destruction of the ophlexie-plaques being simply a marvelous one.

In an experience of 25 years, during which I have treated several thousand cases of diphtheria, I have never seen the disease assume such a mild form as after the injection of your Antitoxin.

Fraternally yours,

(Signed) O. SCHULER.

To Dr. Hans Aronson, Berlin, Germany.

"IODOFORM-BOVININE."

To the novel disclosures of anesthetic power (so called) in the blood treatment, and probable discovery thereby of the true theory of pain from tissue waste, is now to be added a combination of a third beneficent factor with the former two—thorough antisepsis in the vital nutrient and anesthetic. The following case shows how this new discovery will obviate, in multitudes of cases the necessity for painful curetting, for daily redressing, and for continued waste of tissue and strength in pus.

Louis S—— (German, barkeeper, 30 years old, married) came under the care of Dr. Biggs at the surgical clinic of the Demilt Dispensary, New York, on the 10th of April, 1894, in a very bad way and suffering severely, with a large sinus leading down to the scapula on the left side, very painful, and emitting an offensive sanguineous mucopurulent discharge. He had received a blow on the part, six months before, which was followed by the formation of an abscess as large as a goose egg. This had been treated by the family physician, incised, cleaned out, and packed with iodoform gauze. The wound seemed to be doing well for some ten days, but then grew worse and became more distressing than ever. He was told that the bone had become diseased, and that an operation was necessary. Refusing this, he resorted to another physician, who treated the wound with injections of iodoform and glycerine in the cavity, but still the case grew steadily worse. At length he was persuaded to seek surgical treatment at one of the hospitals. An operation was performed on the 8th of March. After remaining in the hospital until March 18 he left, with the wound improved, but still open, and requiring to be presented for redressing three times a week. Neglecting this, he soon got worse than ever, and when greatly run down in strength and flesh, at last found his way to the Demilt on the 10th of April, as before stated. The scapula was now found to be denuded of periosteum and partially necrosed, for a space two and a half inches in diameter. After a course of preparatory treatment, on April 16 an incision was made through the trapezius muscle down to the scapula, the sinus and the necrosed surface of bone thoroughly curetted, and the cavity packed with sterilized gauze saturated with the novel preparation, iodoform-bovinine (above referred to), compounded by the following formula: Iodoform, 40 gr.; castor oil, 2 dr.; mucilage acacia, 2 dr.; bovinine, 2 oz.

It is worthy of remark, in addition to the continuous antisepsis supplied by this compound dressing, with its marvelous anesthetic and vitalizing powers, that the obnoxious odor of iodoform is strangely transmuted by the combination into one decidedly agreeable! It may also soothe slightly our ethico-hysterical friends to be assured that this "nostrum" is of strictly professional origin and not patented.

The present case, as we have seen, was too bad to admit of dispensing with the curette, but the after process crowned the three-fold preparation—vital-antiseptic-anesthetic—with splendid success. The usual dressings were applied, and repeated the next day, with the iodoform-bovinine as before, and then left undisturbed for three days; the condition of the patient at once becoming most favorable, and the distressing pain having immediately ceased, as usual, under the blood treatment, without any anesthetic proper; bovinine having no tendency to deaden the nerves of sensation, so that, strictly speaking, "anesthetic" is only a convenient misnomer. At the end of these first four days the bone was already becoming covered with new periosteum, and of a healthy pinkish hue. After packing and dressing as before, it was left again for three days, when the bone was found completely clothed with periosteum except a spot half an inch in diameter, the wound healthy, without a particle of pus, and the patient doing nicely. Again packed and dressed, and left four days; after which the periosteum was found perfected, and the wound clean and in a condition of promising improvement. The next treatment was given after three days more, when the cavity was found to be already half filled with clean and healthy granulations. This was the fourteenth day; after which the treatment was continued twice a week until May 5, when the sore was completely healed, with a soft pink cicatrix, and the patient was discharged.

—Sanitary Era.

CONGENITAL RICKETS NOT "FOETAL RICKETS."

Herzfeld describes a female infant born of a single woman, aged 28. Labor was spontaneous, and the mother had none of the symptoms of rickets. On the other hand, the infant had all the signs of the common rickets, the true rachitis of children and adults. There was craniotabes, also softness of the cranial bones near the sutures and fontanelles, beaded ribs, and shortened, curved bones in the extremeties. The left humerus was fractured in the middle of its shaft. There was a greenstick fracture of the right femur. Separation of the epiphyses was detected in both femora. Both feet were deformed by talipes equino-varus. The fractures were explained by the small quantity of liquor amnii in the uterus coinciding with the natural brittleness of the diseased bones. During the first ten days there was infiltration, apparently of blood, around the fractured humerus and femur. The temperature exceeded 104 degrees. The infant was sickly, and not expected to live. Herzfeld dwells on the difference between this case of true rickets developed before birth and the so-called "fœtal rickets" of Kaufmann and Paltauf, which is a marked defect in development, with other signs of cretinism—deformed cranium, œdema in thoracic and abdominal cavities, and myxomatous changes in certain organs. This disease is hardly rickets, "osteogenesis imperfecta" of Stilling, but a distinct disease, to which Herzfeld proposes to apply the name "chondrodystrophia fœtalis."

—Centralbl, f. Gynak, No. 18, 1894.

CRANBERRY JUICE IN CHOLERA.

G. I. Goriansky has found that juice expressed from raw cranberries (fructus oxycocci palustris), and given freely, pure or diluted with an equal part of water, is an excellent means of relieving thirst and vomiting in Asiatic cholera The patients take the acid and somewhat astringent beverage most readily. As the author's observations in fifty cases have shown in a number of patients in whom ice and narcotics fail to make the slightest impression on sickness, the subsequent administration of cranberry juice in small but frequently repeated doses rapidly checks both vomiting and nausea. The author lays stress on the fact that the harmless juice has a powerful destructive action on the cholera vibrio, being, in fact, much superior in this respect to lime water, carbolised lime water, birch tar, Raptchevsky's pixol, and a 5 per cent. solution of carbolic acid.

—Vratch, No. 6, 1894.

Notes by the Wayside

BY ERNEST B. SANGREE, A. M., M. D., PHILADELPHIA.

The most complete reductio ad absurdum with regard to the high dilutions advocated by Hahnemann and his disciples was contained in a clever article that I lately saw from the pen of a German scientific man. Physicists generally accepted the size of a molecule to be about thirty-two billionths of an inch in diameter.

Assuming this conclusion the author proceeds to make the twenty-fourth dilution by the decimal process, adding one drop of medicine to nine drops of water, one drop of this mixture to nine fresh drops of water, and so on, up to the twenty-fourth dilution. He now shows mathematically that the last ten drops contain but 1-1,000,000,000,000,000,000,000,000 (one-octillionth), of a drop of the original medicine, or only one molecule of all those that the drop at first contained.

Carrying the dilutions higher is now physically impossible, for or course the molecule cannot be further divided and still be the original substance.

It follows, therefore, that in the twenty-fifth dilution there is just one chance in ten of getting the medicine molecule in a drop of the so-called attenuation; the twenty-sixth dilution allows but one chance in one hundred, and the thirtieth dilution would give the patient but one chance in one million of getting in his drop dose the one molecule left at the twenty-fourth attenuation. Yet the homeopaths claim that the high potencies merely begin at the thirtieth dilution and run them up even to the thousandth!

The results would be just the same whether one drop were taken to experiment with or a larger amount were used. At the thirtieth dilution there would be one molecule of the medicine to 160 gallons of the attenuated liquid, and the reader can readily imagine the patient's chances, taking a teaspoonful every hour or two, of getting hold of that solitary molecule. Nearly every drugstore, I notice, is supplied with a full list of "Dr. Humbug's specifics," or at least it sounds something like that. With each sale a little book is given, containing directions for the diagnosis and speedy cure of almost every disease in the calendar. I suppose that these medicines are mostly harmless, and if parents insist on drugging their children this may be as easy a way as any for the youngsters, but surely the proprietor ought not to be permitted to advertise these nostrums as sure cures for croup, diphtheria and similar frightful diseases. Untold harm must sometimes be produced by ignorant parents relying on these miserable "specifics" until all chance of a cure is past.

Prescriptions.

FOR OBSTINATE THRUSH IN CHILDREN.

	Grams.
R—Zinci chloridi, gr. 2.....	12
Aquae, oz. 6.....180	
Solve.	

To be applied locally.

FOR THE VOMITING OF PREGNANCY.

	Grams.
R—Menthol, gr. xl..... 2	5
Olei amygdalae, dr. 3..... 12	
Solve.	

Six to ten drops on a lump of sugar.

FOR ALOPECIA AREATA.

	Grams.
R—Aceti cantharidis, dr. 1..... 4	
Unguenti hydrargyri oxidi rubri (1 oz.)..... 30	
Misce et fiat unguentum.	

To be applied to the affected parts twice daily.

A PIGMENT FOR WARTS.

	Grams.
R—Acidi salicylici (15 gr.)..... 1	
Acidi lactici (15 m.)..... 1	
Collodii flexilis ad (2 dr.)..... 8	
Misce et fiat pigmentum.	

To be applied morning and evening.

A COOLING LOTION FOR PRURITUS.

	Grams.
R—Liquoris ammonii acetatis (2 oz.)..... 60	
Acidi hydrocyanici diluti (1 dr.) 4	
Spiritus rectificati (3 dr.)..... 12	
Aquae rosae ad (8 oz.).....250	

To be applied locally.

FOR LICHEN.

	Grams.
R—Cretae prepar. (6 dr.)..... 25	
Sulph. sublim.....	
Olei cadini, aa. (9 dr.)..... 35	
Saponis nigr.....	
Adipis aa. (25 dr.).....100	

Melt the lard at a gentle heat. Then add the black soap and other ingredients, stirring until cold.

Sig.—Apply locally.

Hebra.

The Times and Register.

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Original.

A SUGGESTION UPON THE PREPARATION OF THE FINGERS AND NAILS FOR SURGICAL OPERATIONS. *

BY OSCAR H. ALLIS, M. D., PHILADELPHIA, PA.

The nails form no mean part of a surgeon's outfit. As a covering to the end of the finger they give confidence; in the threading of needles they are often indispensable; while often, when working among adhesions, they may serve a good turn. If the nails are too long they are in the way, and if too short, a privation. A medium length of nail is an exceedingly valuable helper at times. With some the length of nail is governed by the ability to keep it clean. Hence the nail is kept very short —much to the disadvantage of prehension, in which man excels.

The surgical care of the nails has had its full share of attention. The nail-brush forms a part of every physician's and surgeon's outfit. It is cheap, compact and moderately thorough. Its disadvantages are that if stiff it is apt to scratch the hand or cut beneath the nails; if soft, it is of little value. To supplement the defects of the brush, some persist in using the point of the nail blade of their pocket-knives. I say persist in using—as much has been written against the practice. Not only is there danger of cutting the flesh beneath the nail, but it leaves the under surface of the nail rough, making it a ready collector of filth, and less easily cleansed for a subsequent operation.

To avoid the knife I have long used a little wedge-shaped piece of soft pine. This, when wet, frays up, makes a kind of mop, is a good carrier of soap, and enables me to wash out under the nail. The objection to my device was that the pine too rapidly frayed out, became bulky and required frequent trimming. Finally, I hit upon the rubber eraser. A variety is made for artists and school children that is wedge-shaped. This is ready for use as it is found at the stationers, though, if made a little sharper, it is softer and more like a mop. It is pliable, soft and an excellent carrier of soap.

For the hand, generally the old-fashioned wash-rag cannot be improved upon. It is a good carrier of soap, and with it each finger in turn can be tightly caught and wrung until it is clean. With the nail or hand brush only the back and front of the fingers get the scrubbing.

In addition to the implements usually deemed important for the cleanliness of the under surface of the nails, a very valuable one is the nail itself. Noticing that a young lady's fingers, whom I frequently met, were always exceedingly neat, I made bold to ask her methods, and was surprised to find that she had nothing more modern than a pair of scissors to trim her nails, and that with wash rag and the tips of her finger nails she kept her hands in most perfect order. One thing that may be said of the finger nail as a nail-cleaning instrument, is that it will not scratch the under surface of the nail, a very important factor in the process, whether one aims at beauty or cleanliness.

* Read June 13, 1894, before the Philadelphia County Medical Society.

A CASE OF PYAEMIA DUE TO APPENDICITIS.*

BY RICHARD H. HARTE, M. D.

The history of the case I wish to present to you this evening is as follows: A. C., aged twenty-five years, a weaver by occupation, was admitted to the medical wards of the Episcopal Hospital, May 9, 1894, at the request of his medical attendant, Dr. Ferguson, supposing the man to be suffering from abscess of the liver.

On admision the following facts were elicited, which I have copied from the Resident's meagre notes: Family history—Negative. Previous history—Enjoyed good health, although not especially robust; about three years ago recalls having a short illness ushered in by a chill, the prominent symptoms of which were sharp cramp-like pains referred to the lower third of the abdomen; was confined to bed for a week. (This was undoubtedly an attack of appendicitis.) Present attack—States that he was feeling perfectly well up to about two weeks ago, when he was awakened with sharp pains in the right iliac fossa, and in the course of the morning they were followed by a pronounced chill, suceeded by sweating; through the day he felt nauseated, and in the evening vomited.

During the interval of two weeks from the time of his first attack until his admission into the hospital, he had always once in the 24 hours, and sometimes oftener, a decided chill followed by profuse sweating; pain, referred in the right iliac, umbilical and hypochondriac regions was almost continuous; the bowels were watery, and moved daily; the patient was confined to bed and growing weaker.

After his admission into the medical wards all his symptoms were referred to the region of the liver, over which there was distinct tenderness. The daily chill and high temperature (106 degrees F.) naturally led my colleague, Dr. Morris, on the medical side, to suspect abscess of the liver, and he transferred the case to the surgical wards for operation.

On the day after his transfer to the surgical wards I found the case very much as above stated, the right hypochondriac region being tender on pressure, liver area increased. On examining the case in the ward before operation, I exposed but a small portion of the abdomen and noticed a distinct eruption, which I supposed was due to the vigorous use of a scrubbing brush. The case was then taken to the operating room and etherized, and on a more careful examination of the abdomen under an anaesthetic I found the eruption, which I had first supposed was due to the bichloride and friction, to be pretty generally distributed over the entire trunk, and in appearance was not unlike the eruption of typhus fever, or in other words, a distinctly morbilliform eruption. The history at that time in my possession was rather negative, and I decided not to operate until more definite data could be obtained. On the following day I saw the physician under whose care he had been, and with my colleagues, Drs. Deaver, Neilson and Morris, decided to make an exploratory incision over the region of the liver. The patient was etherized, and an incision corresponding to the right semilunar line gave a free opportunity to explore the surface of the liver, which appeared normal. An exploration with an aspirating needle failed to reveal any purulent collections. The region of the appendix was explored through the abdominal wound, suspecting that possibly it might be the seat of the trouble; but with the hand carried down over the liver to the right iliac fossa, no evidence of trouble was apparent.

After the operation the chills seemed to be less severe, not being so frequent as before, and the temperature not rising so high. The external wound closed quickly, and no symptoms relative to the operation were manifest. The next chill was four days after the operation, and did not rise nearly to within two degrees of the height of the previous one. The next chill did not appear until the fifth day, although the patient was gradually growing weaker, and died on the tenth day after the operation. After the second chill he began to expectorate bloody mucus, sometimes a cupful of blood being expectorated during the twenty-four hours.

A post-mortem examination revealed the liver slightly enlarged and filled with a large number of

*Read at the Philadelphia Academy of Surgery. Meeting June 4, 1894, the President, Dr. William Hunt, in the chair.

metastatic abscesses, the principal pus collection and largest abscess being in the left lobe. The appendix was entirely destroyed, and its position occupied by a small pus cavity holding about three drachms of pus. The cæcum for several inches beyond its attachment to the appendix was gangrenous. There were some septic deposits in the lungs, although no distinst infarcts were to be found. The reason I ascribed for the liver being affected, which is usually a secondary affection coming under the general circulation, is that the materies morbi coming from the appendix immediately entered the portal circulation—superior mesenteric vein—and consequently the first deposit would naturally be found in the liver.

The post-mortem here distinctly revealed a case of pyæmia, the primary cause of infection arising from the appendix. One peculiar feature in the case was the eruption, which was more or less misleading, although eruptions in suppurative fever, or pyæmia, have long been recognized, and are spoken of by Braidwood in his exhaustive treatise on that disease.

My object in briefly reporting this case to-night, is that I think it of no little interest (without wishing to go into the subject of pyæmia, which is so familiar to all the Fellows of the Society), throwing as it does more light upon the much mooted subject of appendicitis, and again adding its weight to the testimony that the above mentioned disease is strictly a surgical affection rather than a medical one; for I feel certain that had the true condition of affairs been recognized at the onset of the attack, the ultimate termination might have been different.

REPORT OF THE COMMITTEE ON "PREVENTION OF BLINDNESS THROUGH LEGISLATIVE ENACTMENT*."

At the Meeting of the Medical Society of New Jersey, held at Asbury Park, June, 1893, a paper entitled "The Present Status of Legislation for the Prevention of Blindness" was presented, and the following resolutions were unanimously adopted: Resolved, That a committee of three be appointed to consider the question of Legislation for the Prevention of Blindness, to report at the next annual meeting of the society.

Your committee would respectfully report that action favoring such legislation for the prevention of blindness is under way in a large number of States, and that in six States, i. e., New York, Maine, Rhode Island, Minnesota, Ohio and Maryland, laws have already been enacted making it a criminal offense punishable by fine and imprisonment, of any person or persons neglecting to comply with them.

The census returns for 1890 indicate a total of 50,411 hopelessly blind in the United States; of these, 27,983 are males, 22,458 are females; 43,351 are white, 7060 are colored; 41,265 are natives, 9146 are foreigners.

It is estimated that nearly twenty per cent. of all blindness occurring in early life is dependent upon ophthalmia neonatorum; it has been shown that the disease may be almost absolutely prevented by prophylactic treatment, and that when ophthalmia neonatorum does occur and the inflammatory processes resulting have involved the cornea, it is a disease which frequently results in complete destruction of the eyes.

When a qualified practitioner of medicine can be placed in charge of a case at the onset of the disease, and an active antiphlogistic and curative treatment at once adopted, the prognosis is favorable to an ultimately satisfactory recovery. Hence the necessity of placing all sufferers from this affection under appropriate and skillful medical treatment by "legislative enactment."

Legislation directed at such cases compels attention; and, requiring immediate report of all midwives, nurses and attendants cannot fail to accomplish much good, as all of the fallacies regarding the etiology of the disease from cold, the treatment by the application of breast milk and the numberless remedies advised by ignorant "knowalls," will be relegated to a well-earned obscurity.

That prophylactic treatment will reduce the percentage of cases of ophthalmia neonatorum occurring to the minimum is acknowledged, and easy of demonstration by a study of the literature, some authorities claiming that it will only occur in about two-tenths of one per cent. of all deliveries

*Presented at the 128th annual meeting of the Medical Society of the State of New Jersey.

against at least ten per cent. of all cases, when no prophylaxis has been adopted. The method of Credi is recommended by the committee for use after all deliveries. The treatment is simple and is unattended by any danger. It consists in carefully washing the eyes immediately after delivery with a soft linen cloth dipped in plain tepid water, which has been used for no other purpose, and the instillation of a single drop of a two per cent. solution of argent. nit., which is allowed to fall from a pipette immediately upon the cornea. The lids are then closed.

That in cases of ophthalmia neonatorum once developed, prompt treatment frequently results in preventing corneal infection and subsequent loss of the eyes is undisputed. When a purulent secretion is present the eyes should be cleaned frequently enough to keep them free from pus. The period of time between such cleansing should never be at any time of the day or night be longer than one hour, and should, if necessary, to keep the eyes free from pus, be as frequent as every 10 or 15 minutes. The lids should be gently separated by the fingers, care being taken, especially if there is any suspicion of corneal infection, not to make any pressure on the globe. The accumulated pus is to be removed carefully with a pledget of cotton dipped in tepid water, or preferably a tepid solution of hydrargyrum bichloride, one to ten thousand. The inflamed conjunctiva should never be wiped with the cotton, the pus being either removed by flushing the eye with water squeezed from it or by gently patting the everted lid, if necessary. The palpebral conjunctiva should each day receive an application of a solution of argent. nit. varying in strength with the period of and severity of the disease—argent. nit. gr. v. to XL aqua dest. oz. 1.

In the early stage of the disease, the bathing should be very frequent and the applications thoroughly accomplished in order that corneal infection may be prevented, as the probability of corneal infection is lessened after the acute phases of the disease are controlled. If the inflammation is very acute ice cloths are, if they can be kept in position, of service and very grateful to some patients. If solutions of argent. nit. stronger than gr. x to the ounce are used the lid should be immediately bathed with a mild saline solution to neutralize the silver and prevent erosion of the cornea.

If the cornea becomes affected sulphate of atropia gr. 1 to the ounce of aqua destil., should be instilled, one drop three or four times a day, or if the corneal ulceration be peripheral, sulphate of eserine gr. ¼ to the ounce aqua dest. may be used, one drop three or four times a day.

If the secretions diminish on the third or fourth day of the treatment, renewed vigilance should be recommended on the part of the attendant, in order that a probable relapse may be prevented, from which recovery is often very slow and which is invariably more difficult to control than the primary infection, and quite apt to be followed if it does occur by corneal ulceration.

In every case of purulent eye disease each person who may have occasion to handle the purulent secretion should be especially warned to thoroughly cleanse and disinfect the hands after every contact with the infectious products, and to destroy by burning all cotton or cloths used in bathing the eyes.

A circular letter, directing the attention of the medical profession throughout the United States to the subject of legislation for the prevention of blindness resulting from ophthalmia neonatorum, was issued by the committee appointed by the American Medical Association at the annual meeting in 1893.

The following draft of a bill for the prevention of blindness resulting from ophthalmia neonatorum, which was enclosed with the circular, is recommended by the committee for the approval of the society, and for subsequent adoption by the Senate and General Assembly of our State. "A bill for the prevention of blindness in the State of New Jersey:"

The people of the State of New Jersey represented in Senate and Assembly, do enact as follows:

Section I. Should one or both eyes of an infant become inflamed or swollen, or reddened at any time within two weeks after its birth, it shall be the duty of the attendant midwife, nurse, or attendant having charge of such infant, to report in writing, within six hours, to the health officer or some legally qualified practitioner of the city, town or district in which the parents of the infants reside, the fact that such inflammation or swelling or redness of the eyes exists.

Section II. Any failure to comply with the provisions of this act shall be punished by a fine not to exceed two hundred dollars, or imprison-

ment not to exceed six months, or both.

Section III. This act shall take effect on the —— day of ——, eighteen hundred and ninety —.

The committee would recommend a section in addition to the above, compelling the parents or relatives of any infant suffering from a purulent discharge from the eyes to place it immediately in charge of some legally qualified practitioner of medicine, or of the city or district physicians if unable to employ a family physician.

Although the committee have not considered it desirable at this time to incorporate with this present proposed enactment any methods of legislation regarding the prevention of blindness from other sources than ophthalmia neonatorum, they cannot refrain from enumerating some of the other sources of danger which might be possibly considered as susceptible of management by the State and local health boards.

Blindness as a result of trachoma and all blenorrheal communicable eye diseases, conveyed by the carrying of the germs of the disease or by the actual inoculation of the ocular or palpebral conjunctiva with the products of the inflammatory action may certainly be lessened by the adoption of ordinances by health boards and by assistance from the State Board of Medical Examiners.

Ordinances should be enacted prescribing regulations compelling in all public lavatories, whether located in hotels or other places, a strict observance of necessary sanitary precautions, scientific plumbing, especial care regarding the linen, and entirely forbiding the use of that common carrier—the roller towel.

In all schools and reformatories applicants should be examined by a competent medical examiner before admission, and any applicant declined who has any form of communicable eye disease unless especial quarters are provided for the isolation of such cases.

The buildings of all such institutions should be periodically inspected by experts in sanitary science, and a detailed report made to the State or local health boards setting forth the sanitary condition of the buildings, closets and lavatories. The capacity of the institution should be regulated by ordinance, fixing the number of persons to be admitted, allowing an ample air space for each person, and providing for the entrance of fresh air and abundant sunlight.

There is no source of danger promoting contagion more surely and rapid than the massing together of humanity in the vitiated air of closely-packed apartments with insufficient accomodations for the proper ablution and subtle poison arising from unsanitary sinks, lavatories and closets. The conditions referred to, by insidiously undermining the constitutions of the inmates, render them not only more susceptible to the contagion of communicable eye diseases, but make them fertile fields for the germination of the bacterial products of any form of contagion.

There should be apartments especially light and airy, set apart for the isolation of any case of communicable eye disease which may originate within the buildings, or may, for any reason, be admitted. The patients must be so domiciled that they will not become vehicles of contagion to the remaining occupants of the institution, and constant quarantine maintained until the danger of contagion has passed.

Blindness as a result of accident in factories seems to be on the increase. Greater precautions in guarding dangerous machinery is recommended. The posting of notices in conspicuous places where danger exists should- be compelled by ordinance.

In closing, your committee would respectfully recommend that steps be taken at the next session of the Senate and Legislature of the State of New Jersey to have a bill for the prevention of blindness introduced as indorsed by and its passage requested for the Medical Society of New Jersey.

Respectfully submitted,

WALTER W. JOHNSON.

PHILANDER A. HARRIS.

The following resolution was unamiously adopted at the One Hundred and Twenty-eighth annual meeting of the Medical Society of New Jersey:

Resolved: That the Committee on Legislation for the "Prevention of Blindness" be continued, and requested to have a bill drawn and introduced at the next session of the Senate and General Assembly of the State of New Jersey, regulating the care of infants suffering from communicable eye disease, and that the bill be introduced as indorsed by and its passage requested for the Medical Society of the State of New Jersey.

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PHILADELPHIA, AUGUST 4, 1894.

JULY MEETING OF THE STATE BOARD OF HEALTH OF MICHIGAN.

The Michigan State Board of Health held its quarterly meeting at the office of the secretary, in the Capitol, at Lansing, July 13, 1894. The meeting was called to order by President Frank Wells, of Lansing. Professor Fall, of Albion; Dr. Vaughn, of Ann Arbor, and Secretary Baker, of Lansing, were present. The regular business, including the auditing of bills and accounts, was transacted.

SMALLPOX IN MICHIGAN.

The secretary presented a tabular statement showing the smallpox in Michigan since January 1, 1894. The statement showed that in the State there had been 26 outbreaks at 21 places, with a total of 88 cases and 23 deaths—26 having recovered and 39 still remaining sick at nine places.

In the 26 outbreaks there have been, on the average, to each outbreak, only 3.4 cases and .9 of one death. In nine of the 13 outbreaks, which are now over, the infection was restricted to the one house in which the first case occurred.

THE DISEASE WHICH CAUSES MOST SICKNESS.

President Wells said that he had long noticed that the weekly health bulletins published by the State Board show that of the 28 diseases reported upon by the regular observers around the State rheumatism is usually at the head of the list, as causing the most sickness in Michigan. Mr. Wells raised the question whether there was anything that this board could do in the way of publication of information which might tend to lessen the amount of sickness from rheumatism. Dr. Vaughn said he knew of nothing tangible yet relating to the restriction and prevention of rheumatism, which could be imparted to non-professional people. Rheumatism is a term used for many aches and pains. He thought no work should be undertaken now which will interfere with the tremendous effort being put forth by this board for the restriction and prevention of tuberculosis—the most important of all diseases. Dr. Baker said that the State Board has already done much for the creation of knowledge respecting the causation of rheumatism, which knowledge is essential to a proper action for its prevention. But we must wait for an advance in two lines of investigation not much entered upon by this board—that of bacteriology and that of physiological chemistry. Several times in the past it has seemed that facts were going to crystallize into a tangible theory; but, just as appearances were most favorable, ideas of medical investigators regarding the causation of rheumatism have changed. Much has been learned from the sickness statistics collected and published by this board. Cures have been made showing that rheumatism has a direct relation to meteorological conditions. The facts in this office show that tonsilitis follows the cold atmosphere, and that rheumatism follows tonsilitis. It is quite probable that if rheumatism is a germ disease, tonsilitis prepares a soil favorable to the reproduction of the germ and a way for its entrance into the body. We are waiting for the bacteriologists to find the specific organism.

So far as I know, only the pus-forming germs have been found in connection with rheumatism, and it is quite possible that they are the cause of the disease; if so, its increase, following the sore throats caused by "raw" cold weather, is explained by the facts on record in the State Board of Health Office. Diagrams exhibiting the rise and fall of rheumatism by seasons of the year prove that its course is similar to that of smallpox, consumption and other diseases known to be caused by germs, and known to enter the body by way of the air-passages. Secretary Baker suggested that a committee might be appointed to investigate the subject, and report to this board at some subsequent meeting. Dr. Vaughn said that at present all is speculation as to the causation of rheumatism, but he thought it quite probable that Dr. Baker's idea of the causation of rheumatism may be nearly the proper explanation; but that he would explain rheumatism as being a result of an over-exertion or unusual destruction of the cells of the body in trying to protect the body from an attack of a germ disease; in other words, it is an over-drugging on the part of Nature in order to throw off an attack of some germ disease. The uric acid, which is not excreted rapidly enough and which accumulates in the body and causes the rheumatic pains, is formed by the action and destruction of cells. On motion of Professor Fall it was voted that Dr. Baker prepare and read at a future sanitary convention a preliminary paper on the causation, restriction and prevention of rheumatism.

PROPOSED SANITARY CONVENTIONS.

The secretary presented an invitation from the Common Council for the Board to hold one of its sanitary conventions at Charlotte, the Council having appointed a committee to confer with the Board. After consideration, a committee of the State Board was appointed to meet with the local committee at Charlotte and make arrangements for the proposed convention.

A petition signed by the president and trustees and a large number of the prominent citizens of Union City, asking for a sanitary convention, was read and considered. A committee was appointed to visit and make arrangements for a convention at Union City.

The Board authorized the secretary to reprint the leaflet on the restriction of typhoid fever to the number of 10,000 copies; also a modified form of the pamphlet on the restriction and prevention of smallpox.

AN "ELIXIR OF LIFE"—A DELEGATE TO THE INTERNATIONAL CONGRESS OF HYGIENE.

For a few years past Professor Vaughan has been engaged in some very important experiments in the State Laboratory of Hygiene at the University. These experiments relate to subjects of very great importance to the public welfare. One purpose is to accomplish the end which, at one time, it was thought, had been reached by Dr. Koch, namely, the preparation of a substance which can be introduced into the body and which shall antagonize germs of disease such as those of consumption. Professor Vaughan is now able to prepare a substance which there is reason to believe may be similar to the one normally used by the human body in battling with the germs of disease. His experiments are not yet conclusive as to the usefulness of this substance for the cure of disease, but they tend to prove that by its use immunity to the contraction of germ diseases is enhanced. The substance consists of the neclei of cells, and, since it is probable that the spleen is the organ in the body which takes the most active part in battling with the germs of disease, he has given special attention to the preparation of "nuclein" made from the cells of the spleen.

Professor Vaughan has presented this subject before the medical societies in this country, and he now goes to the International Congress of Hygiene which meets in September this year in Budapesth, Hungary, where he expects to meet the scientists engaged in this and other lines of scientific work, who will be there from every civilized country. From the discussions which will there take place he expects to gain much knowledge which will enable him to continue and extend his exceedingly important work. He goes as a delegate from the Michigan State Board of Health, and the Board expects Professor Vaughan to contribute, for the welfare of humanity, fully as much information as he will receive. This is not Professor Vaughan's first trip across the ocean. His first one was some years

ago for the purpose of studying bacteriology in the laboratory of Professor Koch. Three years ago he attended the International Congress of Hygiene which then met in London, England. His present trip is regarded as of much greater importance in connection with public health-work.

CARBONIC ACID IN THE ATMOSPHERE.

Secretary Baker, as Committee on Climate, etc., presented the subject of the "Decrease of the Amount of Carbonic Acid Gas in the Atmosphere," and remarked that some 20 years ago he had asked the Board to authorize a series of regular and accurate chemical analyses of the atmosphere with a view of determining whether there was any change in the amount of the carbonic acid gas in the atmosphere by seasons of the years, and by long periods of years. The subject is important now and may become more so in relation to the public health. Dr. Baker quoted from the Chemical News, London, August, 1893, as follows: "As evidence that the composition of the atmosphere is still slowly changing, it is stated that the last and most careful determinations of carbonic acid in the air have shown a decided decrease (0.05 to 0.03) in the last 50 years." On motion of Dr. Baker, the subject was referred to Professor Fall, of Albion, with request that he should report at the next meeting of this Board relative to methods and cost of the proposed series of tests of the atmosphere.

Book Notes.

ECLECTIC PRACTICE IN DISEASES OF CHILDREN. By the late John M. Scudder, M. D. Seventh edition. Published by Scudder & Sons, Cincinnati, O.

This work on children's diseases has attained the distinction of a seventh edition. The first part is devoted to infantile therapeutics of the eclectic school.

The second part is devoted to the care and management of infants. Under this heading the author makes a brief mention of the washing of the child, but omits many of the most important points.

Then he describes the clothing of the child, and he states that "the binder is only for use for the purpose of retaining the dressings of the cord and to give warmth." In our experience any kind of a binder is better done away with entirely, as there is very little warmth to a binder even of flannel, and the cord can be secured in other ways more practical.

He rightly criticizes the use of skirts and the material of which they are usually made, and also criticizes the diaper and admirably suggests that they be made of canton flannel, which is soft and unirritating.

He next discusses how often the child should be washed, and we have no doubt that the manner in which he suggests that infants be washed would be hazardous to their health if followed up every day. A child may, however, receive a properly regulated morning bath without any danger of taking cold, and with comfort and health to the child.

He then gives attention to the dressing of the umbilical cord, and we are surprised to see that he recommends it should have a dressing of lard or oil, and be carefully redressed every day. This is an old-fashioned way of treating the cord, and one which, in our experience, has many times led to ulceration of the umbilicus. The cord should always be dressed without moisture; a generous wad of dry absorbent cotton wrapped well around it, and left entirely alone until it has had time to separate. In this manner one will avoid ulceration.

The book further treats of the diseases incidental to childhood in a concise and practical way. It is well printed on excellent paper and contains about five hundred pages. Price, five dollars.

A NEW PLACEBO.

Sterilized milk is becoming a popular hot-weather drink in New York.

Dr. John Williams, who attended the Duchess of York during her recent confinement, has been created a baronet.

Dr. V. P. Gibney has been elected professor of clinical surgery in the College of Physicians and Surgeons of New York city.

Therapeutics.

Under the charge of Louis Lewis, M. R. C. S., Philadelphia.

SOME REMARKS CONCERNING MERCAURO (MERCURIC BROMIDE OF GOLD AND ARSENIC) WITH ESPECIAL REFERENCE TO ITS USE IN THE TREATMENT OF NEUROTIC CONDITIONS OF SPECIFIC ORIGIN.

At a recent meeting of this society I had occasion to mention the use of arsenauro (bromide of gold and arsenic) in epilepsy. Being, comparatively speaking, a new drug to this market, it was thought of sufficient interest to bring it more prominently before the Fellows.

The solution of mercauro (mercuric bromide of gold and arsenic) after the formula of Dr. Barclay, of Pittsburg, is of a beautiful red color, does not deposit, odorless and tasteless; dosage ranging from five to 20 drops, each 10 drops containing 1-32 of a grain of bromide of gold, 1-32 of a grain of bromide of arsenic and 1-32 of a grain of bromide of mercury. It does not disagree with the stomach, nor relax the bowels It will produce ptyalism, yet with less recession of the gums than is produced by mercury or the iodides.

Dr. Wood, in his admirable paper, read at the meeting of the Mississippi Valley Medical Association, in Indianapolis, laid great stress upon its efficacy in diseases termed scleroses, incipient phthisis, arthritis deformans, in syphilitic diseases in its various forms, in hemiplegias, etc.

I have the pleasure of exhibiting three cases to-night, and a record of eight others, all of whom, with one exception, belong to the neuroses.

Case I.—No. 436 of my college clinical records; diagnosis, hemiplegia. W. O. M., aged 28, married; residence, Denver, Col. Family history fairly good; occupation, proprietor of theatre. Habits, had used alcoholic beverages rather freely for five years. February 28, 1893, following a two days' drunk, patient vomited with great straining; passed into unconsciousness lasting 72 hours; complete dextra-hemiplegia, ataxia, aphasia, sinistra-hemiplegia supervened. December 2, 1893, patient presented himself at clinic having complete paralysis of the right side, could not count fingers with left eye; tongue on protrusion pointing sharply to the right; corners of the mouth greatly depressed on right side; arm on the right side could scarcely be lifted away from the body; leg dragged after the patient in characteristic manner; all reflexes greatly exaggerated. Patient could answer yes and no to questions, but could not tell where he lived and had to be brought to the college. Was placed on liq. arsenic et hydrarg. iodide, five drops in a wine glass of water, after meals.

December 6, was given the mercauro (mercuric bromide of gold and arsenic) in five drop doses after meals.

December 9—Patient developed la grippe, treatment was discontinued, and acetanilide given.

December 13—Condition improved and mercauro (mercuric bromide of gold and arsenic) was given again.

December 20—Some improvement, medicine continued.

January 3, 1894—Dose increased to 10 drops.

January 26—Patient answers all questions with comparative ease, came to the clinic by himself, can lift his arm as high as his shoulder, the characteristic tremor taking place when he attempts to raise it still higher, can walk tolerably well; treatment continued.

February 2—Continued improvement.

February 14—Eating and sleeping as good as before attack.

February 28—Steady improvement in gait and speech.

March 10—Doing well.

March 17—Dose increased one drop every other day.

March 21—Has regained self-confidence.

April 4—Walks miles, does not have to use cane, no longer drags his foot. Secondary contraction of a slight degree has taken place in fingers only. Students not familiar with the case could not detect any depression at angle of the mouth. Sight in left eye much improved, though outer half is still impaired. Tongue points nearly in the median line. Patient steadily improving.

Case II.—J. R., age 35, tobacconist; personal and family history good; he has never had syphilis nor rheumatism. His trouble began about 18 months ago, with the characteristic pains in the lower extremities. These pains were felt at irregular intervals, sometimes daily and sometimes not for the space of a week or 10 days. A short time afterward he noticed a change in gait. He also had frequent attacks of sick headache, three or four seminal emissions weekly, and difficulty in holding the urine. These symptoms ceased about four months ago, but the ataxia has greatly increased, and the pains still continue. He has noticed in the last three or four months a decline in the sexual power. He was admitted into

the hospital, February 1, 1894. The skin, reflexes and the knee jerk were normal; there were no sensory symptoms; he had the Argyll-Robertson pupil; co-ordination was so imperfect that he was unable to stand with the eyes closed and the feet together; and he could hardly make his way from one place to another.

In treating this case I started February 28 with eight drops of the mercauro (mercuric bromide of gold and arsenic), three times a day. From March 14 to April 1 the dose was increased one drop each day, the total quantity given during 33 days being 1245 drops, an average of 13 drops at each dose.

Case III.—W. P., aged 32, painter; personal and family history good. His illness dates back to February 1, 1892, the symptoms being constipation, difficulty in voiding urine, stiffness and soreness in the knees. In a short time the legs became useless. In six weeks he was about on crutches, being at the time under treatment at Hot Springs. He entered the hospital July 7, 1892. At the time there was very little sensation in the left leg, the condition of the right being about normal. He had incontinence of urine and feces.

Commencing February 7, I gave him five drops of the mercauro (mercuric bromide of gold and arsenic) after meals; the dose was increased daily until 11 drops were being given, making the average dose given during the course, of .10 drops, thrice daily. Bladder and bowel symptoms restored.

Case IV.—Mrs. S. (I will refer to this case briefly, not being able to get the patient to come here to-night). There was loss of sensation in right side of face; difficulty in co-ordination; ptosis, chronic constipation, loss of bladder control, reflexes lost. Four months' treatment followed by complete relief.

It could hardly be coincident that such decided changes for the better should have occurred in so short a time.

There have been and are now preparations on the market which are not solutions of bromide of gold and arsenic, but bromide of gold with hydrobromic acid, arsenic acid, and arsenious acid.

BLOOD—IRON.

Physicians who employ iron in their practice should be greatly interested in a new iron preparation recently introduced to the medical profession by Frederick Stearns & Co., Detroit, Mich., called Hæmoferrum (Blood Iron). This is a natural proteid compound aseptically prepared from fresh bullock's blood, and put up in 3 grain pilloids (flat pills), with a highly soluble coating. F. Stearns & Co. claim their Hæmoferrum to be free from all the objectionable features hitherto attending the administration of iron in other forms, it being extremely soluble, pleasant to the taste, agreeable in odor, is readily and easily assimilated, and neutral in reaction. Furthermore it is non-constipating (a valuable characteristic), non-irritating and non-poisonous, even in large doses.

Wherever introduced it has been warmly received by the medical profession, and has the cordial indorsement of the most prominent physicians in Detroit, in which city it has been thoroughly tested clinically. Dr. Hal C. Wyman, professor of surgery in the Michigan College of Medicine, states: "The pilloids of Hæmoferrum (Stearns') have in my hands proven a splendid tonic. In wards of the Detroit Emergency Hospital we have learned to depend upon them in the preparatory treatment of patients who must undergo severe surgical operations, and they have proven useful in the establishment of convalescence."

Hæmoferrum is especially valuable in treating cases of Anæmia and Chlorosis where the blood is deficient in iron. Messrs. Stearns & Co. will take pleasure in mailing samples of the preparation, with full descriptive literature, to all physicians who are interested, and on receipt of 10 cents will forward a full-sized package containing 100 pilloids, a quantity sufficient for a thorough clinical test. Write them.

TEXAS NOT A STATE FOR A YOUNG DOCTOR.

A correspondent writes that he left New York to verify the well-advertised chances for the young medical man in Texas; but after traveling throughout the entire State he found every place more than full, with not a few waiting for chances to earn money enough to get home. He says there is even a better chance in New York.

—N. Y. Med. Record.

THE IMMEDIATE REPAIR OF THE PERMANENT CERVIX.

Dr. H. D. Gardner, of Scranton, Pa., writes: "In the article of July 17 on the 'Causes and Diseases Peculiar to Women,' you say lacerations of the cervix and perineum should be repaired early. Now I, in common with many others, believe in the immediate repair of the perineum; I have never tried to repair the cervix, but think it might be done, and in order to do this you must first find the tear. Now, I know of no way so good as to look for it. Turn down the bedclothes, and, with a good light, lamp or candle, look and see whether there is a tear or not. No power on earth could prevent it, but you can repair it easily and quickly. I look upon this as the most important duty of the obstetrician."—N. Y. Med. Record.

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

EXCISION OF THE KIDNEY AND URETER.

P. I. Postnikoff records the case of a woman whose peritoneal cavity was opened on account of suspected hydronephrosis. The kidney was actually found distended, its glandular substance being almost entirely atrophied. The ureter was greatly dilated and its walls thickened, while the probing showed that its vesical end was blocked by calculi. The latter—14 in number—were extracted, after which the ureter was tied close to the bladder, and excised together with the kidney. For about 48 hours the patient suffered from obstinate vomiting, causing alarming prostration, but, under the energetic use of stimulants, she gradually rallied, and ultimately made a complete recovery, the wound healing without any complications. During the few days immediately following the operation the daily quantity of urine varied from 200 to 400 c.c., but subsequently rose permanently to the standard. As regards the removal of a whole ureter, the case is believed by the author to be unique.

—Vratch.

THE EXPERIMENTAL INOCULATION OF WARTS.

The Journal de Clinique et de Therapeutique Infantiles for June 21 publishes an article by Dr. G. Variot, who had observed in a child, 10 years old, typical warts on the back of the hands and pedunculated papillomata on the eyelids. The author concluded that there had been self-inoculation caused by friction, the child having been in the habit of rubbing the eyelids with the fingers. This child had been brought to a dispensary, where two medical students were present with the author. He noticed how this multiple localization favored inoculation, and he proposed to these students that they should became inoculated in order to remove all doubt, to which they consented. An abrasion was made in a small flat wart on the child's hand—one that appeared to be still in its first growth, and on which the papillary protuberances were not distinct. After washing away the blood with a tampon of absorbent cotton, the point of an ordinary needle was thrust into the surface of the wart, and then with this needle several punctures were made in the skin of the students' fingers. The punctures were very superficial. Nothing resulted from this in the case of the younger student, but two months afterward the older one noticed that the epidermis, where the puncture had been made, had become thick and somewhat opaque. There was a sort of disc from two to three millimetres in extent, the outline of which was distinct. A month later he discovered a pimple, a hard and somewhat sensitive elevation in the region corresponding to that of the disc. Very soon this protuberance became covered with small points, and had a typical warty aspect. A month later the author made an examination and found an excrencence of three millimetres in diameter, the surface of which was covered with horny protuberances, which became more apparent when the epidermis was scratched. The consistence of this small mass was hard, and, on pressure, it was somewhat painful. There was no redness or any inflammatory reaction of the derma. The student's general health was good.

The author quotes the following from M. Besnier's annotation on Hebra's and Kaposi's work on the bacteriology of warts: "Cultures of microbes of warts on agar-agar have given greenish-yellow masses. The warts obtained by inoculation have not yet been examined under the microscope, but the examination of preparations makes it even now probable that these warts really represent common warts. With these cultures ten inoculations were made on four animals, and two yielded satisfactory results. About 15 days after the inoculation warty excrescences were discovered of

about the size of a grain of hempseed, somewhat flattened and brownish in color."

The value of inoculations made with cultures is above all criticism, but Dr. Variot thinks that those made directly with the lymph taken from the wart are of equal value.

Microbes inoculated in the epidermic layer multiply slowly, and in some instances more than two months had passed before an appreciable change of the epidermic layers and a hypertrophic reaction among the papillæ had been observed. Whether the development of warts experimentally inoculated is also always slow, the author says it is impossible to say, judging from the single instance which he has related. If similar experiments have already been made by other physicians, the process of the evolution of warts can be compared and certain conclusions formulated. It is certainly an established fact that warts are self-inoculable and capable of inoculation from one person to another.

The prophylactic measures which the author had prescribed, in the Journal de Clinique et de Therapeutique Infantiles for December, 1893, for avoiding the propagation and spread of warts should be strictly observed.

It is necessary, he says, to watch warty children carefully, to see that they do not rub or scratch the skin on the face or on the body with their hands, and in schools children should avoid coming in contact with those who have warts.—New York Medical Journal.

PULMONARY SEQUESTRUM IN PHTHISIS.

Kroenig recently showed before the Berlin Medical Society a specimen of necrosed tissue found in sputum which came from the lung of a patient in whom phthisis was considered to be cured. The patient was 33 years old, and had good health until February of this year, when he complained of pain in the left side of the chest, cough and high fever. After several days these lessened and the amount of sputum increased and contained numerous tubercle bacilli. Dullness over the left apex, with rough breathing and crepitation, was made out, and the patient was sent to Davos, where he stayed ten weeks. His general condition had wonderfully improved, the weight increased 17 pounds, and he soon resumed work. Examination of the chest showed retraction of the supraclavicular fossa, over which dullness was absolute; the respiration was more of a mixed character; there was little cough, confined to the morning, slight mucous expectoration being all that was ejected. The sputum was collected for three days and examined. It contained a small yellowish-gray mass about the size of a hempseed and of fatty consistence. Examined histologically, it showed a ground substance, in parts coarsely and elsewhere finely granular, in which were seen isolated cell-nuclei, fatty droplets, some fatty and otherwise degenerated epithelium, and, what was of most importance, a network of elastic tissue which displayed clearly the alveolar structure. Bacteriologically no tubercle bacilli were found. In discussing the origin of this piece of tissue. Kroenig remarks that the most common form of tissue necrosis met with in phthisis is caseation, either in the tuberculous nodule or in the inflammatory exudation surrounding, to both of which the bacillus gives rise. In this there is of course a large number of bacilli to be found. With regard to the sequestrum in question, he believed that, coming as it did from a case where the tuberculous process had healed, tubercle had nothing to do with it, but rather that in the course of cicatrization interference with the blood supply through a small blood vessel took place, either by endarteritis or pressure, and anemic necrosis set in, the sequestrum being expelled through one of the smaller bronchi.

—Berlin. Klin. Wochenschr., No. 24, 1894.

A BICYCLE AMBULANCE.

Dr. H. L. Getz, of Marshalltown, Ia., has invented an ambulance attachment to a "safety" bicycle. It consists in a stretcher, the frame of which is made of aluminium and covered with canvas. When not in use it is rolled up. When the cycler wishes to transport a wounded person he simply unrolls the stretcher, attaches it and puts the patient on it, and pushes it along as any other wheeled stretcher.

Obstetrics.

MYOMECTOMY DURING PREGNANCY.

Stavely tabulates 33 cases, including 2 previously unpublished, in which Dr. Kelly, of Baltimore, operated. The maternal mortality was 8, or 24.25 per cent.; 2 deaths were due to hemorrhage, 1 to long-standing aortic disease, and 1 to peritonitis; 3 died after abortion, and 1 sank from some unspecified cause; 24, or nearly 80 per cent., of the 33 cases have been reported since 1884. Eliminating cases operated upon before 1885, there remains a mortality of 16.66 per cent. Since 1889 17 cases have been reported, or over half the entire number, with a death-rate of 11.75 per cent. The fœtal mortality is 30.30 per cent., or 9 abortions and 1 miscarriage; 20 of the women were delivered at term of living children; 1 was prematurely delivered at the eighth month, nearly six months after the operation. In 3 cases in which the mothers died no statement is made concerning the abortion. Sixteen myomata are reported as pedunculated; 4 of the patients (including the case of aortic disease) died after operation, 1 aborted, 1 died after giving birth to a still-born child. In 15 cases, where the myoma was sessile, there were 6 abortions, and 4 patients died. Nine were operated upon during the last eight years, with 2 deaths and one abortion; the abortion occurred in one of the fatal cases. Stavely considers that, with our present experience, and with the improvements which have acted so beneficially on modern surgery, myomectomy for pedunculated or sessile tumors during pregnancy is, in properly selected cases, comparatively safe and thoroughly justifiable.

—New York Journ. of Gynec. and Obstet.

POST-PARTUM HEMORRHAGE.

Fehling has published a paper on the pathology and treatment of hemorrhage occurring directly after birth. Authorities, basing their opinion on the statistics of lying-in hospitals, are divided as to the relative frequency of bleeding, under the above circumstances, from uterine inertia, and of bleeding from lacerations. In fact, diagnosis is not always easy. The two factors may exist together. Sometimes hemorrhage from a laceration may be confounded with uterine atony, as in sudden emptying of the uterus in spontaneous evolution, in hydramnion and in placenta previa. In these complications the blood may gush out suddenly. The distinction remains doubtful till the bleeding is checked by massage of the uterus. Free hemorrhage, as though a laceration existed, is seen after the expulsion of a four to six months' ovum. After Cesarean section, where there can be no question of a lacerated cervix, hæmorrhages are known which may place the patient in great peril, yet are stopped by the tampon, friction of the fundus and other measures employed in cases of uterine inertia. In every case of post-partum hemorrhage the obstetrician should do his best to diagnose the nature of the bleeding. When a case is doubtful, and the uterus has been made to contract by the usual rubbing, the best time to distinguish is when a contraction has just ceased. In atony the collected blood is suddenly driven out of the uterus; but, when there is a laceration, blood spurts or oozes out continuously. Vulvar and vaginal wounds are the most usual injuries after spontaneous and forceps labors. In turning and in breech cases lacerations of the cervix are more common. The search for such injuries should always be made; the cervix must be drawn down and its lips parted; under these circumstances, however, dilated vessels may begin to bleed. Hence laceration of the cervix has been reported more frequently than truth can sanction. Vulvar and vaginal wounds should be sewn up with catgut; but, when skilled assistance is not at hand, the obstetrician should not attempt to repair torn cervix. It is sufficient to apply for a time an iodoform-gauze tampon.

—Deutsche Med. Wochenschrift, June 7, 1894.

FOETUS IN UTERO FORTY DAYS AFTER TERM.

Tarnier delivered a lecture in April on a woman in her second pregnancy. The last period was on June 15 to 17, 1893. Hence term would fall on March 20 to 24, 1894. Delivery did not occur till April 27, nearly 40 days after term. Tarnier had known a pregnancy to last nine

months and fifteen days. In this case it may be suggested that the patient became pregnant not just after the June period, but just before the period was due in July. But starting from July 14 would make the date of delivery 13 days over term. Evidence was against impregnation later than July. The uterus was not nearly as large at normal term, blood-stained amniotic fluid came away, in fact, the fetus had been dead for some time. On April 27 the patient was delivered. The hairy scalp, pushed forward in front of the collapsed cranial vault, presented and felt at first like a very small fetal head. The true head, and after it the body, were soon delivered. The fetus was macerated, not putrid. It weighed nearly 2½ pounds, but was over 13½ inches in length. It had clearly lost weight through maceration. The average weight of a six-months' child is just under 2 pounds and 9-10ths, but its length a little over 11½ inches. The exact date of this child's death could not be determined from its condition at birth. The placenta was in a state of fibro-fatty degeneration.

—Journal des Sages-Femmes.

THE TREATMENT OF INFANTILE CONVULSIONS.

In a recent number of the Gazette des Hospitaux M. Jules Simon presents a very carefully written paper on the treatment of convulsions in infants. He agrees with most observers that the causes of this disorder in the great majority of cases is some digestive disturbance. He first directs his attention, therefore, to the alimentary canal. This is to be cleared of its contents as rapidly as possible. A warm enema of oil or glycerin is given at once. In our own experience gylcerin has proved the most efficient means of evacuating the bowels quickly. One or two teaspoonfuls should be injected, without the addition of water, and should be retained by compression as long as possible. If there is the least reason to suppose that the stomach contains undigested food, it should be evacuated by an emetic. To check the convulsions before the enema has acted, the author advises the use of chloroform. We have known a fatal termination to be attributed by the friends to the use of this remedy. It must be given with extreme caution and should be dispensed with until other measures have failed. In convulsions due to irritating substances in the stomach and bowels nitrite of amyl may be resorted to, but is not so efficacious as in epileptic convulsions. After the bowels have been made to act, or when they have failed to act after one or two attempts have been made to affect them, the most efficacious treatment, M. Simon believes, consists in the rectal administration of chloral and musk. The use of chloral in this condition has come into very general use in this country. It acts efficiently and promptly, and is well tolerated by children. The author's dose, however, it seems to us, is rather large, although it may be given in proportionately large doses to children. He advises eight grains for a child six months old and fifteen grains for one a year old. In addition to this, he administers small doses of bromide of potassium every hour. This drug unquestionably has a beneficial effect, not so much in the immediate relief of the convulsions as in preventing their recurrence. We prefer bromide of sodium for children. The most reliable means of preventing recurrence in ordinary cases is complete evacuation of the alimentary canal. If undigested or irritating matter is allowed to remain, convulsions are very prone to recur.

Cutaneous revulsives, such as hot baths, mustard baths, and blisters to the back of the neck, are advised by the author only in very obstinate cases. Search should be made at once by the physician for the cause of the convulsions. If indigestion, constipation, and inflammatory disease of the bowels are absent, cutaneous irritation or reflex irritation from hernia, phimosis, or foreign bodies in the ear or nose should be sought for, the possibility of uræmia or disease of the brain being always kept in mind.

—N. Y. Med. Journal.

THE FATS OF HUMAN MILK.

Ruppel has made a very careful analysis of the fatty constituents of woman's milk. The task is not easy, and he admits that there is extreme difficulty in eliminating the higher acids. He concludes that human milk is relatively poor in volatile fatty acids. The fixed oils consist of nearly 50 per cent. of oleic acid. Of the fixed solid oils, myristolic and palmitolic prevail over stearoleic acid.

—Zeitschr. f. Biologie.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 44 West 46th St., New York.

A CONVENIENT VAGINAL BI-POLAR ELECTRODE HOLDER FOR FARADIC APPLICATIONS.

Long-continued bi-polar applications, and especially those intended for sedative effects which require from fifteen to thirty minutes in administration, demand either the constant personal supervison of the physician or the aid of a trained attendant. The electrode must be vigilantly watched to avoid a disaster or must actually be held in place by the operator.

This makes serious inroads upon valuable time and is one of the chief objections to the method of treatment. Eight or nine months ago I devised an impromptu holder, which the patient could grasp and retain the electrode in position automatically, to the entire relief of the time of either myself or an assistant. It is no trouble for the patient to hold it in her hand during treatment, and it is only necessary to place it in position and adjust the current. The operator is then free to attend to other patients, and a method which was formerly a great tax upon one's attention becomes practically self-managing As it has proved so convenient for my own use I have described it to the Kidder Manufacturing Co., of New York, who will furnish it hereafter. It is an insulated steel rod about twelve inches long with a handle of hard rubber and crooked at the lower extremity to fit into a socket drilled into the tip of the electrode. It can be used with any size or shape of bi-polar electrode, and as a time-saver has been invaluable in practice.

S. H. MONELL.

ELECTRICITY, INFANTILE PARALYSIS AND MOTHERS.

On March 5 of the present year an English physician of some repute read a paper before the Medical Society of London in which he described the various forms of infantile paralysis, and remarked that after examination, diagnosis, etc., he then handed the child over to the mother for electrical treatment, as "he had found that mothers could easily be taught where to place the electrodes." This paper was forcibly criticized by Dr. Hedley, in the London Lancet of March 10, who says, "mothers can be taught where to apply a poultice, but does the question rest here? Great efforts have been made to rescue medical electricity from incompetent hands, and attempts have been made to establish an exact dosage, and the suggestion advocated is a distinct retrogression. In a case where there is a little lingering flicker of neuro muscular excitability it might be altogether extinguished by the very slightest amount of over-stimulation, and, perhaps, irreparable mischief caused."

The statement that he usually hands over his cases to the mother is somewhat odd, in view of the fact that the same physician declares elsewhere that "when patients are left to themselves with a battery the results are uniformly unsatisfactory, and the usual consequence is solely to bring medical electricity into disrepute."

This last is so representative of the general experience of skilled electricians that it should be continually in the minds or physicians who thoughtlessly encourage home treatment. The amateur use of batteries, without knowledge of the action of medical currents, cannot contribute to the scientific elevation of electro-therapeutics.

NERVOUS TROUBLES OF UTERINE ORIGIN AND THEIR ELECTRIC TREATMENT.

Uterine lesions, though at first simple and localized, soon react upon the whole organism, justifyng the old adage, "The woman lives by and for the womb." It will be well to divide these troubles into two classes:

1. Nervous troubles of the uterus itself.

2. Nervous affections of distant organs.

As a result of metritis, even when cured by proper treatment, we may have

amenorrhea, dysmenorrhea, or menorrhagia.

All these conditions are due to a weakened or atonic condition of the uterus, and for their relief the induced current is indicated. Many authors have found this to be the best current to use, and I wish to refer to it here in order to explain the apparatus which applies the current to the organ better than any other.

One pole is a concave disc into which the cervix fits, while the other is a platinum rod which enters the uterine canal. This apparatus acts both electrically and mechanically, and helps to correct the uterine malpositions which often occur simultaneously with the other affections.

The intensity of the currents should be bearable, and it will, therefore, vary according to the patients. The treatments should last from 15 to 20 minutes, and they should be given during the week which precedes the time of the periods in dysmenorrhea and amenorrhea. If menorrhagia be present then the week which follows should be chosen.

This method should be continued for several months, and from 12 to 15 treatments ought to effect a cure.

Let us now consider the general troubles resulting from metritis, salpingitis, ovaritis, etc. They are nervous dyspepsias, general neuralgias and headaches.

The best treatment for these secondary affections is the static breeze, while the cause should be removed as far as possible by treatment of the primary trouble. If there is a rheumatic element in the case bi-electrolysis, with descending galvanic currents and medicines such as the salts of lithia or iodide of potash will prove an excellent adjurant.

DR. F. DE COURMELLES.

EXPERT WITNESSES NEED NOT BE THE BEST OF THEIR CLASS.

It is not required, the Supreme Court of Dakota holds, in the case of Glecker vs. Slavens, decided May 28, 1894, that an expert witness stand at the head of his class to make his evidence admissible. The jury, it says, will determine the value of his opinion from the knowledge which he shows himself to possess.

Prescriptions.

TREATMENT OF THRUSH IN CHILDREN.

Dr. Descroizilles (Lo Sperimentale, No. 8, 1894), in case that the child cannot gargle, washes out the mouth with either emollient decoctions or infusions or irrigates with a solution of the bicarbonate of soda or oxygenaated water. The affected spots are also touched with the nitrate of silver. Then he advises locally:

	Gram.
Boric acid (dr. 2½)	10|0
Glycerine (oz. 1½)	50|0

German See employs the following:

Starch (dr. 1)	4|0
Powdered borax (dr. 1)	4|0
Pure gycerine (dr. 5)	20|0

In obstinate cases G. Simon praises:

Chloride zinc (grs. 15)	1|0
Alcoholized water (pints 2)	1 litre.

This solution may be either applied with a brush or used as a mouth wash.

Widal applies Van Swieten's solution to the affected parts in rebellious cases. —Lancet Clinic.

FOR SCIATICA.

	Grams.
R—Antipyrine (2 dr.)	8
Syr. aurantii (4 dr.)	15
Aquae aurant (2 oz.)	60

M. Sig.—A dessertspoonful every hour to four hours until three to six doses are taken.

Germain See.

FOR GASTRALGIA.

	Grams.
R—Tinct. conii (1 dr.)	4
Tinct. valerianae	
Tinct. opii camph	
Aquae lauro-cerasi, aa. (2 dr.)	8

M. Sig.—Seven drops in a little milk when the pain appears.

Monin.

RETARDED LABOR.

	Grams.
R—Quiniae sulph. (40 gr.)	2|50
Acid. sulph. aromat. qs ut ft sol.	
Syr. zingiberis (1 oz.)	30
Aquae ad (2 oz.)	60

M. Sig.—A tablespoonful at once, and a dessertspoonful every four hours afterward (in atony of uterus).

Ringer.

LABOR, RIGID OS.

	Grams.
R—Morph. sulph (2 gr.)	12
Aquae distil. (1 dr.)	4

M. Sig.—Five minims hypodermically, repeated if necessary.

Ringer.

The Times and Register.

Vol. XXVIII. No. 6. Philadelphia, August 11, 1894. Whole No. 831.

Original.

PRELIMINARY REPORT OF THE DIAGNOSTIC VALUE OF PEPTONURIA AND INDICANURIA.*

BY JOHN H. MUSSER, M. D., AND F. SAVARY PEARCE, M. D.

The following observations have been made from time to time during the past six months by the writers in order to determine the diagnostic value of the presence of the above-mentioned constituents of urine in disease, and to observe the practicability in daily practice of the methods employed to detect their presence. It is our purpose to continue on a more extended scale the observations here begun.

The specimens of urine studied were taken mostly from the medical wards of the Presbyterian Hospital. Through the kindness of Dr. Abbott the resting was in the main done in the Hygiene Laboratory of the University of Pennsylvania. Our appreciation of the aid of the resident physicians, Drs. Arnold, Swan and Johnson, is hereby acknowledged.

I. Tests.—Von Jaksch (a) gives two methods for testing for peptone in the urine. The first, that of Hoffmeyer, is far too complicated and is not, therefore detailed. The second, the "Devoto method," is given as the best, and is the one here used. The principle lies in the exclusion as far as possible of all other albumins. It is as follows: Take 200 to 300 c.c. of urine, to which add pure crystals of ammonium sulphate in proportion of 80 grammes of the sulphate to 100 c.c. of urine. This solution is placed in a beaker in a boiling-water bath for one-half an hour, when the greater part of the salt should be dissolved. It is then steamed in Budenberg's steam sterilizer for another half-hour, the vapor being kept at 100 degrees C. By this procedure, all proteids (serum albumin, globulin, hemo-globulin, deutero-albumose, peptone, nucleo-albumin—i. e., mucin) are precipitated; but the serum albumin and globulin and nucleo-albumin are thus the only thoroughly coagulated bodies, the hemo-globulin being only partly coagulated.

After this last heating to 100 degrees C. filter at once. The filtrate should be straw-colored and free from albumin, as indicated by boiling or the potassium ferrocyanide (1) tests. A slight cloudiness appearing with the ferrocyanide test does not necessarily imply the presence of albumin. A decided turbidity or precipitate would be due to a proto-albumose, or, more probably, hetero-albumose. Should the hot filtrate be cloudy or give the proteid reactions, the investigation has miscarried and must be repeated from the beginning. The residue is washed first with hot, then with cold water. The resulting filtrates show a more or less decided brownish tint. These are collected, and to one portion of the fluid acetic acid and potassium

*Read June 13, 1894, before the Philadelphia County Medical Society.

——(a) Clinical Diagnosis, p. 255.

(1) This test is as follows: Urine is filtered and then acidulated with acetic acid. Then add a few drops of a 10 per cent. solution of potassium ferrocyanide. If the urine becomes turbid it shows presence of albumin.

ferrocyanide solution are added to test for albumi. Should no result be obtained the biuret test is performed with a portion to which caustic soda or other alkali has been applied in excess. Any albumin shown to be present is certainly peptone.

The filtrate from the hot washings may exhibit it, but it often happens that the peptone first becomes recognizable with the biuret test in the filtrate derived from the cold washings.

Several specimens, both of the hot and cold washings, may be tested until a positive result is obtained.

The test for peptone is, therefore, at best very delicate and requires much time to work out. The biuret reaction is that by which the color test (for such it is) for the peptone is obtained, as inferred from the above. It is as follows. Urine: Add caustic potash, caustic soda, or ammonium hydrate in excess; then add, drop by drop, solution (10 per cent.) of copper sulphate. If albumin be present the resulting peroxide of copper (a green precipitate) is dissolved, and the fluid assumes a reddish-violet color.

Peptone strikes red, not violet, in the fluid. As this reaction is probably not familiar to many, the color produced is here exhibited (and in a less intense degree than it is usually found in peptonuria experimentation) by adding albumose, containing peptone, to the test (2).

The test for indican is much more simple, and, as given by Strumpel, (3) is as follows: "We mix equal volumes of urine and officinal hydrochloric acid (P. G.), and then add, drop by drop, a concentrated solution of chloride of lime, shaking it after each drop is added. If the urine contains much indican, a decided indigo-blue color appears." To this may be added, that the test can be brought out more clearly, chloroform, then agitating. After standing, it will be found the chloroform at the bottom of the tube will be colored violet or bluish.

2. Origin of Peptone.—In health peptone is produced in the blood by the act of digestion. We know that the proteids ingested are transformed into peptones in the stomach and intestines. The peptone is reconverted into proteids in the circulation. Peptonization is, therefore, the sine qua non for absorption of proteids. In health the peptone is immediately transformed on entering the blood, hence the reason for the statement of physiologists that "peptone is not found normally in the blood or urine."

The occurrence of peptones in the blood or urine in disease would show over-production or a lessened power of the system to assimilate it.

G. Bjorkman's (4) excellent paper throws out some suggestions as to the rationale of peptonuria. He says: "If we regard the chemotactic influence upon absorbed peptones as the reason for such increase in the number of white corpuscles during digestion, many obscure mysteries in the physiological phenomena of absorption will be cleared up."

From the above statement we can infer that an excess of peptone, because the digestive and absorptive power of the white blood-cells are impaired, is carried off as waste in the urine.

The leucocytes multiply for defnse in septic and other hemolytic cases, and some become pus cells, undergo degeneration and furnish increased peptone in the blood, which is then carried off in the urine.

3. Origin of Indican.—Indican is found normally in the urine in small amounts. Chemically indican is indoxysulphate of potassium and is colorless, but on adding strong acids or oxidizing agents indigo is set free, producing a blue color.

Its origin in health is hardly established.

In disease indican is likely formed from indol, a product formed in the small intestines by the decomposition of albumin and other substances under the influence of bacteria.

4. Clinical Significance of Peptonuria (i. e., excess of peptone.)—As before stated, peptone is not found normally in the blood or urine. It cannot, at least as yet, be detected so frequently or easily in any case as serum-albumin. Peptone is especially found in the urine, according to von Jaksch and other authors, in septic conditions, and under all circumstances where pus is formed in the body—e. g., tubercular cavities, as in the lungs, abscesses, etc.

Von Noorden, however, in his recent

——(2) Showed test-tube with reaction.

——(3) A Text-book of Medicine, p. 408.

(4.) "The Physiological Role Played by the Leucocytes," American Medico-Surgical Bulletin for January, 1894.

work, Lehrbuch der Pathologie des Stoffwachels (Berlin, 1893), does not think peptone is found in the urine. On the other hand, Robitschek has recently done some experiments for von Jaksch. An abstract of their work appears in The Practitioner for June 4. These authors lay stress upon "The Significance of Peptonuria."

5. Clinical Significance of Indicanuria (an excess of Indican).—Osler (5) gives, under the head of "Anomalies of the Urinary Secretion," some eighteen substances that may be found in abnormal urines. Some of these are detected in small amounts in health; others being considered always as abnormal, so far as is known to-day. He further states that indican, when in excess in the urine, often denotes "chronic constipation or ileus."

Strumpell (6) refers to the same thing, as does one of the authors (7). Indican is also said to exist in some cases that are on a strict milk diet; in wasting diseases, especially if secondary to gastro-intestinal diseases; in peritonitis and empyema, and especially where large quantities of albuminous matter are undergoing rapid decomposition in the intestinal tract. On the contrary, in catarrhal jaundice and in cirrhosis of the liver some clinicians say it is found in very small amounts only. Indican may be thrown down before the urine is voided, but usually, when present, is found after that secretion cools outside the body.

The following observations here tabulated, (8) as to peptone, indican, albumin, and uric acid in the urine, of the total number of specimens examined are too few in number to base conclusions of a definite character. As to peptonuria and indicanuria, they support in the main the foregoing statements.

We were engaged at the time in studying the urine of cases of typhoid fever. We take this opportunity of presenting the results of the examination for peptone and indican in this disease. Thus in twenty-two experiments in twelve cases of typhoid fever fair reactions for peptone were obtained in three cases only, while the indican test detected that substance in excess in sixteen out of the twenty-two tests.

In one of the three cases there was a large number of boils, which accounted for the peptonuria. In the other two no foci of suppuration could be found. Such focus was probably present.

Conclusions: 1. It can be said that peptonuria does not occur in typhoid fever in the natural course of the disease.

2. Its presence would point to some area of suppuration.

3. Indicanuria is common to typhoid fever, and indicates the continuance of an intestinal putrefaction. May it not be possible in cases of typhoid fever, with a febrile course continuing after the specific symptoms have subsided, to determine by this test whether the said fever is due to the persistence of intestinal lesions or to a remote process? And the absence of indicanuria, therefore, point to the removal of any intestinal complication?

The number of cases other than typhoid fever examined were forty-five. Many specimens were repeatedly examined as checks, making in all seventy-two tests, not including the typhoid cases.

We shall not burden you with the reading of the long tables here shown, but simply summarize the disease and findings under each head.

1. Cases with absence of peptone in the urine.—There were twenty-one cases out of the forty-five cases examined in which no peptone reaction was found.

Five out of the twelve known septic cases contained no peptone in the urine. In two of these cases, of old well-draining tubercular sinuses, the pyogenic membrane probably acted as a dam, producing for practical purposes local diseases, not affecting the system, as a dyscrasiae.

The one appendicitis case (out of three tested) not having peptonuria was of mild type and recovered without event. There was no generalized morbid process.

Among the remaining cases where no peptone was found in the urine were those of various diseases in the medical wards, mostly doing well, such as corneal ulcer, supposed abscess of groin (proving on operation to be a dermoid cyst), hysterical hemiplegia, septic stump (making a rapid recovery), hysterical hemiplegia, influenza, articular rheuma-

(5) The Principles and Prac., of Med., p. 772-737.

(6) A Text-book of Medicine, p. 408.

(7) Medical Diagnosis, p. 331.

(8) Showed detail tables as to peptone, indican, albumin, and uric acid findings in—I. Typhoid-fever cases (12). II. Miscellaneous diseases (33). III. Known septic cases (12).

tism (subacute), bronchitis, hysteria, chlorosis.

Cases in which no peptone was found in the urine:

Appendictis	1	Rh'matism (articular)	1
Bronchitis	1	Rheumatoid arthritis.	1
Bright's disease (mild)	1	Sciatica	1
Chlorosis	1	Septic stump (rapid recovery)	1
Catarrhal gastritis	1	Septic condition of groin (proved to be dermoid cyst at operation)	1
Corneal ulcer	1	Tubercular bone disease	2
Epilepsy	1	Total	21
Hysterical hemiplegia.	1		
Hemiplegia (organic)	1		
Hysteria	1		
Influenza	1		
Pleural effusion (slight)	1		
Pneumonia (mild)	1		
Neurasthenia	1		

2. Cases with the presence of Peptonuria.—All the cases in which suppuration was known to be present had peptone in the urine except two. Of the two out of three appendicitis cases that showed peptonuria one recovered; in the other perforation took place. Operation was done, finding much pus, the patient dying of septic peritonitis.

In all of the forty-five cases (excluding the ten septic ones) peptone was found among the miscellaneous diseases (thirty-three) in twenty-four, such as Bright's disease, pneumonia, pyothorax, pulmonary tuberculosis, chronic valvular disease of the heart with extreme anemia, pleural effusion and in such diseases where there was destruction of the blood cells.

Cases in which there was peptone in the urine:

Anemia (extreme)	1
Acute general dermatitis	1
Appendicitis	2
Bright's (chronic)	1
Chronic valvular heart disease with anemia	1
Gelatinous arthritis knee	1
Pneumonia (severe type)	2
Pleural effusion (marked)	1
Pyemic or septic cases (out of the 12 examined)	10
Typhoid (covered with boils)	1
Tuberculosis	3
Total	24

In the case of septicemia with retained secundines in which there was also marked reaction for peptone there was extreme leucocytosis, the blood estimation revealing the following: White blood-corpuscles equals 49,966 to c.mm.; red-blood corpuscles equals 3,925,000 to c.mm.; hemoglobin, 43 per cent. This is confirmatory evidence of what takes place in the blood in septic conditions. It may probably, a priori, be that leucocytosis is generally found to accompany peptonuria. With this cell disintegration, too, according to Victor Vaughan (9) and others the corpuscle nuclei being destroyed furnishes xanthin and uric acid in excess in the urine.

3. Cases in which there was little or no Indican in the Urine.—Out of the forty-five case of miscellaneous diseases (thus still excluding the twelve typhoids already classified) formulation of the findings is as follows:

a. In thirteen diseases, including epilepsy, Bright's disease, hemiplegia, pneumonia, tuberculosis and rheumatoid arthritis,indican was entirely absent on only the faintest blue color was produced which was then assumed as physiological.

Cases in which there was little or no indican in the urine:

Of the pyemic cases, 4:	
Abscess (buttock)	1
Infected wound	1
Tubercular bone disease	2
Miscellaneous, 13:	
Amputated stump	1
Arthritis (rheumatoid)	2
Arthritis (gelatinous)	1
Bright's disease	2
Corneal ulcer	1
Epilepsy	1
Hysteria	1
Pneumonia	1
Neurasthenia	1
Tuberculosis, lungs (incipient)	2
Total	17

4. Cases in which indican was present in very appreciable to marked amounts in the urine.—We found indican in twenty-five of the forty-five cases examined (excluding again the typhoids).

In general the diseases included pleural effusion with intestinal catarrh, catarrhal gastritis, nervous dyspepsia, and all three appendicitis cases from a good to marked reaction.

Indican was also found in excess in the case of cancer of the uterus. When thus found in the urine in local cancer indican may be of value as showing secondary nodules in the intestines, or at least deficient and altered functionation produced by the malignant disease.

Indican was also found in the urine of the case of septicemia from retained secundines. Here the close proximity of the focus of pus to the intestinal tract most likely was the cause of the fermentation in the gut.

We were unable to obtain any cases of intestinal obstruction for examination during the time of making these studies.

Cases with indican prsent in excess in the urine:

Abscess (psoas and lumbar near intestinal tract)	3
Appendictis	3
Acute dermatitis (bowels torpid)	1
Anemia (extreme) with constipation	1
Articular rheumatism	1
Chronic valvular heart disease with subacute intestinal catarrh	1
Chlorosis (with constipation)	1
Cancer, uterus	1
Catarrhal gastritis	1
Dermoid cyst	1
Hysterical hemiplegia	1
Hysteria, anemia and constipation	1

(9) "Nuclein and Nuclein Therapy," Journal of the American Medical Association for June, 1894.

Hemiplegia (organic) with constipation..	1
Influenza	1
Pneumonia	2
Plural effusion	1
Retained secundines with intestinal torpor	1
Sciatica	1
Tuberculosis	1
Typhoid (covered with boils and hence included in pyemic cases)	1
Total	25

5. Association of Peptonuria with Indicanuria—The two were found together in a large number of the cases in which either compound was detected.

Peptone occurred, as stated, in the large majority of septic cases (10).

Where there was extreme emaciation, with intestinal symptoms as an especially prominent etiological factor, indican was found in the urine in excess.

The relation of indicanuria with peptonuria depends on two things mainly:

a. If the septic or other irritating condition is localized in the gastro-intestinal tract marked indicanuria is detected:

b. If the general system becomes involved in the albuminous compounds, destruction, then peptone is formed in excess in the blood and hence thrown down in the urine along with the excess of indican.

Peptone depends on changes really in the system.

Indican depends on fermentations really outside of the body (in the gut.)

Thus depending on general cell destruction and elimination of the sub-oxidized proteid product, or on local intestinal fermentation being prominent, will peptone or indican be found in excess in the urine.

If the local and systemic conditions exist together as described, then we may expect to find both products in the urine. Then, too, the indication is of more serious disease.

6. Association of Albumin with Peptonuria and Indicanuria,—In the specimens of urine in which albumin was found it was due to a definite cause, as in Bright's disease or pyuria, hence in these experiments albuminuria bore no relation to peptonuria or indicanuria.

7. Likewise there is negative result in these few experiments in comparing the frequency of excess of uric acid with excess of peptone or excess of indican in the urine. The long-accepted theory of direct relation between uric acid and urea is now overthrown.

It would be, therefore, of value to test more extendedly for the relation of uric acid (known now to be produced from cell nuclei destruction) to peptonuria and leucocytosis. A great field is open here

Finally, the trouble and time taken to do this work thus far proves it not to be very practical.

But if one had the opportunity and time for such investigation of cases important indications would undoubtedly be derived.

(10) The liability to inaccuracies in the work creeping in must be considered in excluding peptonuria from two septic cases.

USE OF THE ABDOMINAL DRAINAGE-TUBE DETERMINED BY BACTERIOLOGICAL EXAMINATION.

By C. B. PENROSE, M. D.

The subject of drainage in abdominal surgery is one about which there is still great difference of opinion, though this difference is much less than it was only a few years ago. Some operators never used drainage at all after any operations, and yet obtained exceedingly good results; while others obtained equal results, and their statistics showed that they employed drainage in a proportion of their cases, which varied, according to the individual taste of the operator, from 5 or 10 per cent. to 75 per cent.

The general advice given by the advocates of drainage was "when in doubt, drain." It was in this element of doubt which caused the diversity of practice. The doubting operators drained the most. Everything which increases our knowledge in regard to the facts which determine drainage diminishes our doubts and brings about more uniformity of practice.

We drain the abdomen for two reasons —for hemorrhage and for septic material. As the experience of the operator increases and his skill in enucleating tumors becomes greater he has less hemorrhage and, other things being equal, he drains less. Our methods of controlling hemorrhage in abdominal operations are better than they were a few years ago, the Trendelenburg posture enabling us to check bleeding from small vessels in the bottom of the pelvis, which before the introduction of this

position required drainage. The operator who enucleates pelvic tumors with two fingers and closes the abdomen without seeing what he has done will necessarily have much more doubt in regard to hemorrhage and will use the drainage-tube much more frequently than the operator who inspects the field of enucleation before closing the abdomen.

The second reason for drainage is the septic character of the material which escapes or is retained in the abdomen. Knowledge in regard to this fact is of great value in deciding about drainage in any case.

During the past winter, at the University Hospital, an immediate bacteriological examination has been made of the contents of every tubal or ovarian tumor which was ruptured during removal. And the report of the pathologist in regard to the septic or the aseptic character of the contents has determined my decision in regard to the use of the drainage-tube.

I, unfortunately, have no record of the total number of cases in which such examinations have been made; but the results have been exceedingly satisfactory, for out of a series of 46 coeliotomies, in which drainage was used but three or four times for hemorrhage, and only once because the microscope showed the material which escaped into the abdomen to be septic, there has been no case of peritonitis or sepsis.

The tubal contents in most cases of salpingitis are sterile. Shauta (Archiv. fur Gynecologie, 1893, No. 44) reports 192 cases of salpingitis, in 144 of which the contents of the tubes were sterile, in 33 there were gonococci, and in 15 streptococci or staphylococci.

Before I began to use this method of bacteriological examination I inserted a drainage-tube in every case of tubal and ovarian abscess where the contents escaped into the peritoneum. Now I neither irrigate nor use the drainage-tube unless the microscope shows these contents to be septic. The presence of gonococci in small numbers does not necessitate drainage. Recently the value of this bacteriological examination was illustrated by two cases operated on consecutively. Each woman had a tubo-ovarian abscess, caused by sepsis at labor. In each case the abscess was ruptured during removal, and the pelvis filled with pus. In the first the pus was found to be sterile, and I closed the abdomen without irrigation or drainage. In the second one pus contained streptococci and staphylococci and coli commune. Consequently, the pelvis was thoroughly washed out and drained.

Both women recovered without peritonitis or sepsis, though the convalescence of the first was very much easier than that of the second.

The examinations have been made for me by Dr. Beyea. Cover-glass preparations of the material to be examined are made and are fixed in the flame of an alcohol lamp, and stained with carbol-fuchsin. The microscopic examination is made with a Leitz 1|12 immersion lens.

The examination is quickly and easily made, and I think that no operating-room is completely equipped without facilities for such bacteriological examinations. They furnish us with scientific data from which we can determine the propriety of an important surgical procedure, which otherwise depends upon the whim or prejudice of the operator.

CINCINNATI OBSTERICAL SOCIETY.

MEETING JUNE 28, 1894.

DISCUSSION.

Dr. R. B. Hall made a report of four cases of typhlitis.

Dr. Bonnifield—Mr. President: I had a case of appendicitis last winter that I had intended to report systematically at some time, but the last remark of Dr. Hall causes me to report it now. The patient was a boy ten years old whom I was called to see Christmas morning. He went from bad to worse, and in twelve hours had a general peritonitis; pulse about 130, and could not retain nourishment or food of any sort. Dr. Forchheimer was called in consultation. We discussed the advisability of operation, but neither of us were very much in favor of it; I in particular was not. At any rate, it was postponed until the next day, when we got his bowels to move. He then began to retain nourishment, and in about four days he was convalescent, and in a week I did not think it necessary to see him for a few days. When I came back I found a temperature of 101 degrees, and this continued about a week. I made an examination for pus, but I was unable to feel anything through the abdomen or the rectum, and with nothing but the high temperature to indicate it I did not feel justified to make an operation. There was some pain over the liver, but not very marked. About twelve days later his temperature ran up suddenly to 104 degrees; I was telephoned

for, and just as I got to the house they told me he had a very severe spell of coughing. I went up to his room and found he had been discharging pus through the lungs. His temperature then fell, and in a week it was normal. In the face of the acute general peritonitis I do not think operation would have been justifiable.

After the temperature continued high I would not have explored the liver, and think probably the abscess was above the liver. The liver was not specially enlarged at any time. Opening the abdominal cavity would simply have made it worse.

Dr. Hall—"What was the diagnosis of the first attack?"

Answer—"Appendicitis."

Question—"Could you outline a tumor?"

Answer—"The colon seemed to be filled with feces; you could map out an area of dulness."

Question—Your diagnosis was correct, I presume; what was the action of the abscess?"

Answer—"Acute general peritonitis."

Question—"Septic in character?"

Answer—"I do not think it could be called a metastatic abscess."

Dr. Palmer—"His marked improvement was after the discharge of a quantity of matter?"

Answer—"Yes, sir."

Dr. Johnstone—Mr. President: This is very interesting, and the one point I am glad to hear brought out and special stress laid on is not to operate while the intestinal canal is stretched to its full extent. I do not think any man is justified in making a laparotomy under those circumstances. One case of appendicitis, which some of the gentlemen present saw with me, turned out to be just a common colic caused by the fellow eating apples. No appendix was found, but the man got perfectly strong and well. I believe sometimes the appendix may slough out through the bowel and a chronic peritonitis left, which may be caused by an exploratory incision. In this case no appendix could be found. The colon was laid open from the ileocecal valve to the head; there was a blotch of cicatrices everywhere, and we had to separate a number of them. After I had gotton back it seemed as if we were going into the normal parts, and I stopped. There seemed to be some accretion, but this I found to be only the contents of the bowel. I took the drainage tube out about the second or third day, and the serum poured for about a week. He came back in a few weeks and I did not know him; he said he had earned the money in a brickyard to pay for the operation.

My first operations in this line were upon two negroes down South. They were close together, and are living to-day. I have seen men who no doubt had one attack of appendicitis; everything was asked to make the diagnosis perfect, and they are well to-day; so, I am not prepared to go to the same extent the New York Academy does. But the second attack always calls for operation. It is then time for us to go to work. If the first attack is mild I think it is safe enough without operation. I had an experience with a little girl, aged thirteen, who had menstruated her second time and completed it one Wednesday. The following Sunday she had jumped the rope, and had some pain, but did not call the doctor until the following Wednesday. I saw her about 1 o'clock and ordered her to the hospital. I found she was in shock, the temperature below normal, (about 98 degrees), and I ordered a cathartic. The next morning the temperature had risen a little, and I saw the child was going to die unless something was done. I made the effort, simply going through the abdominal wall, and I found a lot of feces, enteroliths, etc., and she died that afternoon. In these cases the gas must be removed before the patient is safe, and the whole question simply resolves itself into whether it is easier to do this before than afterward. I do not think it is safe to cut into the abdomen in any case before this is done, except in cases of stab wound.

In the first laparotomy of my old assistant, down at Danville, the case was caused by the blow of an ax handle. In that case the bowels continued distended, and it was perfectly apparent that unless something was done the child would die. I assisted him in opening the abdomen, and we found nothing but a dry peritonitis and an enormously distended canal. When the intestines were gotten out we could not return them without opening them, and so we made an eighth of an inch opening in the intestinal canal and let out all the gas feces we could possibly get out that way. He made a beautiful recovery, which I think was due to the drainage. The introduction of the drainage tube started the serum to flowing, and it just poured for several days. In proportion to the pouring of the serum was the improvement of the child. Of course the difficulties of peritonitis we know. We often find these cases with adhesions. I do not think the appendix is put there for nothing, but that it is after all only a hollow lymphatic gland; it is simply a single continuous Peyer's patch, and the volume of the serum I think is increased. It is there, and I do not think we have a right to take it out every time we find it.

In the last year I have had the appendix in my hands three times, and several times have had to ligate the adhesions and take them away. Now, when the appendix is perfectly normal, except from inflammatory hands which have come from the tubes and ovaries, I cannot understand why we should consider it necessary to remove it. I saw a normal appendix exhibted in the New York Academy, taken out just because the gentleman had his hand on it. I do not think we should hunt for the appendix in cases of abscess. In the case I had within the last week or ten days a large abscess of the ovary had been discharging through the ali-

mentary canal. It had continued a year or two. I got the ovary out, but could not get the tube out without wounding the intestines. I expected to curette the case afterward. I found the sinus had gone down to the broad ligament, and then out into the intestine. It has made an uninterrupted recovery. I think, when we find the thing we are after, to save the life of the patient we ought to quit, and that is a law we ought to follow more closely. My old professor used to say: "Boys, don't muss and muddle; don't go too far, because evry time you touch an intestine or break an adhesion you add that much to the risk, and the thing to do is to do as easily and smoothly as possible the one thing you go after, and leave the rest alone."

Dr. Wenning—Mr. President: I have not had any personal experience, and came just to learn, but one remark of the last speaker brought a query to my mind: whether in some cases with accretion, instead of removing the appendix would it not be possible by pressure to force the substance into the main gut, and leave the appendix alone? I have not my mind definitely made up as to the proper treatment of these cases. Certainly the medical aspect has something in its favor. I am sure many cases are cured by medical treatment, and before we determine what is the proper line of treatment we ought to listen to the medical side. I would like to hear Dr. Cleveland's view on this question.

Dr. Cleveland—My opinion, based on my own limited observation, is that the majority of cases of appendicitis get well. I think very likely every practitioner has a number of cases of appendicitis, and it is only now and then that was operated upon. In one case it sistance to operate for us. In fact, in 25 years I have never had a case that we operated upon. In one case it would have been very fortunate had I called in a surgeon, but in that case I did not fully realize what I had to deal with until it was too late. I can recall some three or four cases that have entirely recovered without operation. The statement has been made by experienced men, and I do not doubt it, that when the appendicitis appears more than once it is probably well to operate. While I am not in a position to contradict that, still I am of the opinion that frequently even these cases get well without operation. One case especially, which I have in mind a man probably about 35 years of age, has had some three or four distinct attacks of appendicitis. At one time I advised an operation, but after a series of weeks he recovered.

He simply had an acute attack of pain, a localized peritonitis around the region of the appendix, and it lasted three or four weeks. It was not like the fever we have when pus is present, and if there was any pus I did not discover it. He is now perfectly well and doing his work. I had another case, which occurred in a woman, showing that these cases may be cured sometimes by simple puncture. She had one or two attacks of appendicitis, and I wanted her to be operated upon—insisted upon it, in fact, because I thought otherwise she would die. After two or three weeks the peritonitis, not becoming general, I could feel a fluctuating tumor, and I was so well satisfied that I felt justified in sticking a knife into it without saying anything to her about it. Afterwards I increased the opening and washed it out. I mention this case to illustrate an experience which I expect others have had, namely, that the appendicitis has softened in some cases, so they have thought best to stick a knife into it. I have had another case that resulted in the same way. Our judgment in these operations is to a large extent influenced by what we see. The general practitioner only sees the cases which come under his own observation, while the specialist sees not only his own but also the cases coming under the care of others. I feel satisfied from what I read regarding the operations in the East that they are certainly carrying things too far and operating too freely. Notwithstanding these patients usually recover, I do not think it an easy operation by any means. The point I would make is that the majority of cases of appendicitis get well under the medical treatment, and only the serious or worst cases come under the observation of the laparotomists.

Dr. Johnstone—I remember, while practicing in Kentucky, I went down in the mountains, in that ignorant, Egyptian land, and I found a patient who was not only pregnant but had a large lump in the groin. They would not let me touch it, and I returned home. The doctor wrote me in three or four months the result. She got well, but with the thigh drawn up. She would not let him touch it, and it dissected away up the side and down the thigh, and it discharged about two gallons of pus. At the time of her confinement the leg was drawn up in such a position that it was difficult to get the child out. This illustrates how nature will sometimes bring these patients through, but with what deformity? When cases have the second and third attack of appendicitis the percentage of recovery is very greatly reduced. But we find it is safer to operate than to let the patient alone. I think a man is a simpleton not to go ahead and operate.

Dr. Hall: Certainly no man would take off an appendix which was healthy unless he resided in New York. I have frequently pulled them off from adherent pus tubes or suppurating ovaries and pushed them out of the road. I simply pulled them off as I would an adhesion with any other organ, as a coil of the intestine, for instance, and let it be. I removed one appendix, however, that was fairly healthy, except it was adherent to a large fibroid tumor. I have reported this before. I did not recognize it as the appendix, but mistook it for a

vessel. I put it in a clamp, because the blood from it squirted over my head. The patient recovered. That is the only time I have ever been guilty of removing a healthy appendix. I think the suggestion by one of the speakers, of pushing the accretions back into the gut, is a very problematic one. In fact, in all these cases that we are called upon to operate there is an inflammation actively going on, and the narrowest calibre is to be found where the appendix joins the gut. In the first case reported the physician had several foreign bodies in the appendix. There was a sort of cartilaginous portion near the intestine, through which there could be found no hole whatever, and I think it would have been perfectly safe to have cut it off without any ligature whatever.

I will grant if such a thing could be done it would be perfectly safe to do so, but I think we would very rarely find a suitable case. I have never considered the question to any great extent, but it has never occurred to me that that would be a good way to treat these cases. In reference to the medical treament, I think we all agree with Dr. Cleveland, but I think we should get together, and medical men should refer the cases for operation before they reach the autopsy table. After they have had a second or third attack, especially if those attacks occur at short intervals and are severe, there should be no question about operation. I believe they should all be operated upon. I have the record of a case, however, which has recovered now five or six years after the ninth attack in two or three years. The patient learned to lead an invalid life, because exercise would bring on the disease, and nature cured the case without operation. I have the complete records of one case that had seven or eight exceedingly mild attacks, and then had an exceedingly severe attack and went to the graveyard. When I saw her it was impossible to count the pulse, and she died in an hour or two afterward. I have not reported these cases for the purpose of drawing a line between those cases which should be operated upon, and those which should not be operated upon, for I consider that each case is a law unto itself, and the party having the patient in charge must be the judge.

Dr. Cleveland—"How young a child can have appendicitis?"

Dr. Hall—"I have operated upon one nineteen months old."

CHANGE IN DATE.

The Medical Publishers' Association meeting will be held August 13 and 14, instead of 14th and 15th, at Hot Springs, Va. A large attendance is expected.

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PHILADELPHIA, AUGUST 11, 1894.

MISSOURI'S SHAME.

During the past month the American profession was suddenly startled to learn, through the medical journals and the lay press, that in the city of St. Louis a practitioner was moved by scruples of conscience to raise his voice against the wholesale slaughter of women, which is being carried out in that city in the name of surgical operations (?)

Dr. O'Reilly appealed to the City Board of Health to suppress this modern laparotomy craze, which has swept over that section of the country of late. He alleged that the mutilation and the dreadful mortality which followed those cases imperatively demanded State interference; that the common practice in vogue there was little less than criminal and murderous.

The St. Louis Medical Review, July 28, 1894, says for its stigmatized fraternity:

"The fact of the matter is that Dr. O'Reilly is right, that operations on the abdominal and generative organs are

daily performed for which there does not exist the shadow of a justification. There is not a man in the medical profession who is not aware of the existing evil. Everybody that has any knowledge about the extent of this crying evil of the day condemns it.

"And the remedy? We doubt that there will be one in the near future. To us this lamentable state of affairs seems to be the immediate outgrowth of the recognized cancer of the body medical, the multiplicity of medical colleges and consequently a multiplicity of individuals who style themselves professors of surgery. Anybody that has a superficial knowlldge of the mental calibre of some of these 'professors' will know how it comes that the student's mind is filled with heroic notions about surgical daring, even where the daring amounts to criminality. The fact is that too many pseudo surgeons occupy professional chairs who have as much calling for this vocation as the mule has for the performer on the piano. The introduction of asepsis is to blame for it. Being in itself one of the greatest boons for humanity it has placed a formidable weapon in the hands of many unscruplous imbeciles. The euphonious appellation of 'exploratory operation' covers a multitude of surgical sins and incapacities. The flippant manner, too, in which some of these worthies speak to the students about their mistakes and the insignificance of human flesh when the 'science of surgery' comes into play has a debasing influence on the juvenile mind. Formerly there were master surgeons who did not consider it beneath their diginty to serve in their youth a long and laborious apprenticeship in the principles and practice of surgery. This was in the pre-antiseptic and pre-aseptic period. Nowadays the young man who has had the misfortune of absorbing and appropriating the teachings of the class of surgical fakirs, the pseudo-professors, will leave the college with the firm determination of operating on the first case of appendicitis, pus-tube or ovarian tumor that presents itself."

We fully agree with the writer of the above, that the "professor" fakir is in part responsible for this, and that the fallacious claims of antisepsis and asepsis have lent their aid in this human slaughter, which it is about time the State authorities promptly and sternly suppress.

But there are other factors in operations.

Perhaps, under certain circumstances, we might excuse, with a sharp reprimand, the ambitious, visionary young enthusiast for his first offense; but, when the crafty, experienced practitioner suddenly casts aside legitimate remedies and stalks forth with the crimson blade in hand, promising every woman a sure cure, through laparotomy, it is time that that man was placed in permanent quarters under lock and key.

"Laparotomists and abdominal surgeons!" Where is there a town that has not one or more of these fixtures?

But to Missouri; she has sown the wind and she is now reaping the whirlwind. She is the hotbed of medical anarchy. Her once honored and influential State Medical Society, we are informed, has gone to pieces. She has only fifteen medical colleges, and at the annual meeting this year but seventeen members answered to the roll call.

A practitioner in that country, it seems, must be a professor or nothing, and surgery has run mad there. An instance came to our knowledge of this in early spring.

As the story goes, an old lady of means was stricken suddenly with mortal apoplexy. The family physician informed the family that she could not survive the night.

A few hours later, when he again called, he was surprised and horrified to meet a recently much-advertised "professor" on hand, with his steaming aseptic rig sizzing away.. Why, what was there more simple. A blood-clot had lodged in the brain and he proposed to trephine and remove it.

Happily for the poor, unfortunate woman, before his techinque was fully prepared and he was ready to undertake his murderous design, she expired.

Yes! crime it is, and hereafter the surgeon who opens a woman's abdomen for any purpose whatever, without the full assurance and approval of an experienced practitioner, and then only afted all other tentative, conservative and constitutional measures are faithfully tried, should be held strictly to account for his conduct.

This equally applies to all major operations.

Let the State of Missouri then awaken

to a full realization of her responsibilities and duty to her citizens and to the profession; let it be better understood that competent surgeons are only possible after a thorough pupilage, a broad education, extensive experience, a familiarity and knowledge of all the latest as well as the ancient and mediaeval in surgical literature, coupled with innate genius, ample opportunities to witness the most celebrated operations; and last, by an abundant and varied hospital experience.

Correspondence.

OUR TRIP THROUGH THE ROCKIES.

Beautiful, healthful Missoula—nestled among the undulating foothills of the Bitter Root, and backed by the jutting spurs of the Rocky Mountains—the most beautiful spot of a territory made up of garden spots, one would naturally think of it only as a place to keep awake in, so much is there to please both eye and ear, to encourage healthful exercise, to condemn indolence, to discourage apathy; and yet, strange as it may seem, I am going to command Missoula as the one place of all others to sleep in—to suggest it as the mecca for all who suffer from that most distressing of complaints —insomnia. A bunch of contradictions, you will say, and so it would seem on first reading; so would it seem on your first introduction to Missoula. But from no hasty judgment, wait till, like me, you have been tempted to climb these gently sloping hills to some vantage point, from which you can drink in the beauty that surrounds you, and then but inspired for deeped draughts, till you have climbed higher and higher still, all unconscious of fatigue in this pure bracing mountain air, and, at last, approaching evening find you miles away from the roof under which you are to court "tired nature's sweet restorer"—balmy sleep. Then as with still reluctant feet you retrace your steps, consciousness of self begins for the first time to assert itself in the form of two practical reminders of your existence—a growing appetite and the desire to rest. Back again to the town, the first need satisfied, and once under the blankets, made necessary even in summer by the cool mountain breezes—"tired nature" sings its own lullaby, and before you are conscious or unconscious of the fact you are asleep.

A word about how I came to be dropped into this garden spot of Montana—for "dropped" I was—with other delegates from the East. I started from Philadelphia to attend the meeting of the American Medical Association at San Francisco, California. I say "started," for when at last I reached the Golden Gate the convention had long since adjourned, robbed in its deliberations of at least one medical light.

Armed with the usual journalistic "by courtesy" I had taken my way over the Northern Pacific Railroad, intent on reaching my destination as soon as possible. Like other travelers, I could not fail to be interested as well as gratified at the surprising growth of the towns along this great railroad system. Nearly every branch of industry had planted its standard in these western towns, all of them fostered by the railroad itself, and all in turn destined to repay its fostering care. After many striking and pleasing incidents of travel Montana at last was reached, but here nature in the form of floods, the result of melting snow from the snow-capped Rockies, set up a bar of further progress for many weeks. Tracks and bridges had been swept away, and for seventeen days I was an involuntary, though wholly reconciled prisoner in the beautiful town of Missoula. Perhaps I should not say prisoner, since I was the well-cared for, if not welcome, guest of that great corporation, the Northern Pacific Railroad Company. And thus it was I learned so much of the advantages of a residence in Missoula.

It would be unjust to that recognized quality—Western hospitality—did I not speak of the courtesy extended me by the medical profession of Missoula. While there I had the pleasure of becoming intimately acquainted with Doctors Hanson and Parsons, both physicians of eminence and great surgical ability, and of witnessing the operation of ovariotomy by Dr. Hanson, which was performed in a most skillful manner, and with most gratifying results.

Of my trip further West I shall have something to say in coming issues.

J. R. CLAUSEN, A. M. M. D.

Missoula, Mont., July 21, 1894.

Surgery.

Under the charge of T. H. Manley, M. D., 302 W. 53d St., New York.

SPLENECTOMY.

The following is an abstract of M. Terrier's observations on this important subject, delivered at a meeting of the Societe de Chirurgie:

"Last year M. Hartmann showed us a young woman from whom he had removed the spleen on account of serious peritoneal trouble associated with torsion of the pedicle. The patient, who was 18 years old, was suddenly seized with abdominal pain, vomiting, and all the other signs of peritonitis. Born at Reunion, she had there contracted intermittent fever, which only ceased when menstruation commenced. The left side was tender on pressure, and the spleen was much increased in size. The young woman, having come under my observation the very day her peritoneal trouble set in, I requested M. Hartmann to perform immediate laparotomy. The operation took place on the 9th of May, 1893. M. Hartmann found the epiploon very adherent, with a reddish body visible through its texture. While efforts were being made to free the epiploon a considerable quantity of blood flowed. At last it was got out of the way, and the spleen came into view, being adherent to all the neighboring structures. The organ was twisted twice on its pedicle, in the same direction as the hands of a watch. M. Hartmann placed a ligature on the pedicle, removed the spleen and closed the abdomen without performing the peritoneal toilet. The spleen weighed 2190 grammes: the peritoneal fluid when subjected to culture was found to be sterile. The patient recovered after two febrile attacks, which were probably of malarial origin, and since then has remained in perfect health. The blood was examined on several occasions, before and after the operation, and it was found that the red corpuscles were progressively increasing.

When will the profession realize that the "craze for operating," that has seized many physicians, has led them to unsex and mentally destroy numbers of women, more for the sake of figuring as operators than on account of any good that would be done the patient. We know of no cases where Tait's operation was a benefit to the victim, and of many where it was an injury.

—Med. Epitomist.

ASEPTIC SURGERY FOR THE COUNTRY PRACTITIONER.

Dr. James B. Bullitt makes the following observations:

1. Coats and cuffs should be removed, a clean apron or towel fastened over the front; hands and arms are scrubbed in hot soap and water; special care is to be given to the nails; the hands are then rinsed in boiled water or alcohol.

2. The field of operation is rendered aseptic of being thoroughly washed with soap and warm water, and hair being shaved. This is followed by alcohol or ether.

3. Sheets, towels, aprons, etc., can be completely sterilized by being scrubbed and then boiled in a 5 per cent. solution of washing soda.

4. Ordinary cheese or butter-cloth makes an excellent gauze, and can be sterilized by being placed in a steam sterilizer for an hour. It is then put in a jar that has been boiled, and tightly stoppered. Iodoform can be sprinkled over it when needed.

5. The best sponges are cotton-wool tied in butter-cloth and placed for an hour in the steam sterilizer. Sterilized heavy linen makes good substitutes for large flat sponges in abdominal operations.

6. Silk for sutures is sterilized by being boiled for fifteen minutes in the soda solution. It is then dried in the sterilizer and placed in sterilized, stoppered bottles, containing a five per cent. carbolic acid solution.

7. For flushing out a cavity, nothing is better than boiled water, or a physiological saline solution that has been boiled.

—American Practitioner and News.

INTESTINAL OBSTRUCTION DUE TO OBSTRUCTION OF THE BOWEL AFTER APPENDICITIS.

Clinical Society, of London; (Mr. Hulke, F. R. C. S., president).

Dr. L. Brunton and Mr. Cheyne read the notes of the above. The case was a man aet. 35, who had suffered from attacks of appendicitis for some years. Thirteen days before the operation described he was seized with sudden acute griping pain in the abdomen, the attack lasting about an hour and then passing off. Similar attacks occurred at varying but frequent intervals, the bowels being, however, open, though imperfectly. Thirty-six hours before the operation he took a dose of castor oil, which set up intense pain, and was followed by complete obstruction, and about twenty hours afterwards by extreme collapse. About thirty hours after the castor oil he had fecal vomiting, and when put on the table he was practically moribund, and pulse could not be felt. The abdomen was opened, the appendix which encircled the ileo-cecal valve removed, and the adhesions cut and torn through till the contents of the small intestine could be readily squeezed into the large. He lay in a collapsed, almost pulseless condition for about thirty hours after the operation, without vomiting, however, and without any marked pain, and then he had two copious and very offensive stools. After that he was very collapsed, but soon recovered, and when seen thirty-six hours after the operation his pulse had greatly improved. His subsequent recovery was uninterrupted, and he remains well.

ANOTHER CASE OF ACUTE OBSTRUCTION.

Mr. A. Quarry Silcock related the case of a patient, a man, aet. 26, who was admitted to St. Mary's Hospital, on September 26, 1893, suffering from acute intestinal obstruction and peritonitis. The intestines were greatly distended, the abdomen generally being tender, and the vomiting frequent, the ejecta having a fecal odor. He was seen shortly after admission by Dr. Luff, who deemed an exploration necessary. On opening the abdomen in the middle line below the umbilicus a small quantity of turbid serum escaped. The vascularity of the adhesion precluded any systematic search for the possible source of obstruction. The man's condition at this point became so alarming that the operation was abandoned, the wound being hastily stitched up and the man removed to the ward. The next morning he had recovered from the extreme collapse, and he opened up the central part of the wound, and made a small incision into a prominent coil of small intestine, and through this incision he thrust the cannula of a suction trocar furnished with a long indiarubber tube leading to a basin below the bed. This was held in position for four and a half hours by relays of dressers, and a large quantity of fluid intestinal contents came away, to the evident relief of the patient. The vomiting and hiccough ceased, and the pain was reduced. After the withdrawal of the cannula the wound in the intestine was closed, but it subsequently reopened, emitting much fluid intestinal contents. On September 30 he passed a motion per rectum, and by October 9 the intestinal fistula had closed. He was discharged cured on November 8. The patient had had no trouble with his bowels since his discharge.

Dr. Lauder Brunton mentioned that the patient was evidently suffering from impending paralysis of the ingurating centre, and he injected strychnine solution drop by drop until the desired effect was produced.

ABORTIVE TREATMENT OF CORYZA.

Doctor J. Gerard reports good results obtained by the use of inhalations of chloroform in arresting the extension of coryza to bronchial tubes. He at first employed a mixture of carbolic acid and ammonia, but finally replaced by chloroform, which acted much better. The inhalation is to be practiced several times up to the point of the first signs of anesthesia. When this has been done at the time the first nasal symptoms appeared, no further extension of the affection has occurred. In epidemics of coryza and influenza, even in cases where the catarrhal condition was severe, Gerard has seen the disease aborted.

—American Doctor.

Therapeutics.

Under the charge of Louis Lewis, M. R. C. S., Philadelphia.

THE MANUFACTURE OF SCHERING'S CHEMICAL PRODUCTS.

THEIR RELATION TO MEDICINE.

It is possibly of interest to those who have to depend on the efficacy of materia medica to know a little more of the amount of reliance they may put on all the chemical preparations manufactured in the well-known establishment of the Chemische Fabrik auf Aktien, vormals E. Schering, of Berlin. The founder of the firm, the late Mr. E. Schering, was a gentleman of great wisdom and of the highest attainments as a pharmaceutical and scientific chemist. He was originally induced to devote his attention to the manufacture of photographic chemicals at a time when, with the first development of the art of photography, it was felt necessary to have purer chemical products than at that time the crude requirements of materia medica stood in need of. The pharmacopeia then claimed very little indeed in the way of purity, and the pharmaceutical factories troubled themselves very little about perfection.

Schering's project in 1850 was fully alive to the possible higher claims which might, with the progress of science, become a necessity also in pharmacy. He, therefore, from the very beginning of his manufacturing career had decided to supply whatever he would turn out in the highest state of purity and perfection. Fortunately, for himself, he was not a man carried away with success, but the more he accomplished the more he strove to come nearer the superlative of perfection in his products.

He has done more perhaps than anybody to raise the standard of pharmaceutical requirements. His products proved the possibility of greater perfection, and they were successfully put forward as claims on everybody else's preparation. It was Schering's merit to induce the compilers of the German Pharmacopeia to raise the requirements to that high state of purity now in practice.

Had Schering been a manufacturer in England, no doubt, under the influence of his purer preparations, the requirements of the British Pharmacopeia would now be far higher than what they are at present, and indeed what they should be. Our P. B. is, as a matter of fact, less demandful of purity for no other reason than the difficulty of exacting from our home manufacturers higher requirements.

It is no longer the pharmaceutical chemist, but the scientific chemist we need, to attain the required absolute purity of foreign officinal demands. That these higher requirements will become a necessity in our pharmacological text book cannot fail to be a matter of time. Is not the Japanese, and even the French and Dutch pharmacopeia by far more demandful of purity than our own P.B.?

Schering had more than forty years ago foreseen that the then laxity of the purity of materia medica would be a mere matter of time, and he, therefore, incessantly impressed his co-workers with the importance of permitting no product to leave his factory unless it had the characteristics of the most absolute chemical purity, independent of requirements. Very soon he found that even a more stringent control should be exercised in his rapidly extending chemical factory, and for the purpose that at no time there should be any shade of a doubt he drafted into service eminent scientific chemists for the purpose of an independent research laboratory which should in no wise be connected with the factory, but where all products, before being permitted to pass out of the manufacturing chemists' hands into consumption, should be scrupulously examined, and only then receive a pass for the highest standard of purity, and fit to satisfy every pharmacopeia of the world.

There is probably no chemical factory of materia medica in existence where similar constantly searching control is held into every product permitted to go into the hands of the dispenser, as we find in this establishment.

For this very reason it is also in the interest of the profession that the purchase of pure products as much as possible should bear the original Schering's labels and capsules, and should be insisted upon, as they are more than ordinary guaranteed for purity.

The original packing of Schering's will be supplied by all wholesale and retail chemists, if such be desired.

—The Therapist.

Miscellany.

THE GLYCERO-PHOSPHATES.

The "Bulletin Medical" of the 25th April, 1894, contains Dr. A. Robin's interesting paper read at the Academie de Medecine in Paris, relating to the glycero-phosphates and their therapeutic application.

Dr. A. Robin makes the preliminary report of his experience which he has made with the glycero-phosphates, and the conclusions he has arrived at are of no minor importance in a branch of medicine which up to the present has been conspicously poor in therapeutic resources.

His study of neurasthenia had led him to the observation that certain patients eliminate in the urine comparatively large quantities of incompletely oxidized phosphor, which, while all other things in nutrition remained unchanged, seemed to result from exaggerated decomposition of the nerve licithine. It is actually known that the greatest part of incompletely oxidized phosphor in the urine is found in the form of phosphoric acid, and that this body is one of the constituents of licithine, which forms a considerable part of the nervous system.

On the other hand, as medicamentive phosphates eliminate with great difficulty, he conjectured that better results might be obtained when supplying the organism with phosphates in organic combination most adapted to those existing in the nervous system.

Dr. Robin has promised to communicate to the academy at an early date his research and observations over a period of six years, while now he only referred to the principal points of interest.

He has employed glycero-phosphate of lime, soda and potash separately, and combined, either per os or subcutaneously.

The effect of these medicines on nutrition is extremely important. To give only one of his results with glycero-phosphate of lime subcutaneously applied (dose 0.25 grammes), the total residue of urine, urea was increased from 20.5 to 31.73 per cent., the co-efficients of nitrogen oxidation from 80.7 to 84 per cent. the chlorides, the sulphates, the co-efficients of sulphur oxidation from 87 to 90 per cent. lime, magnesia and potash. On uric acid it has apparently no appreciable influence and alters hardly at all the proportion of incompletely oxidized phosphor, but tends rather to lower it.

It benefits, therefore, considerably the nutrition of all the organs, and the author promises to show later on that the cause of this improvement results from the special stimulation of the nervous system. The influence of the salt upon this system is antagonistic to that of antipyrine. Dr. Robin referred here to his communication to the academy in 1887, that antipyrine is the remedy for excessive irritation of the nerves, while the glycero-phosphates are the remedies for nervous depression.

Administration per os produces the same effect, only much less pronounced.

He has, therefore, come to the conclusion that the glycero-phosphates may be advantageously administered in all cases where it is neccessary to stimulate a failing nerve nutrition.

We shall, in our next issue, give more fully the list of cases in which he has effected relief with marked success, more especially in neurasthenia, coupled with a distinct elimination of phosphor incompletely oxidized, in cases of chlorosis torpid, where the nitrogen oxidation was considerably diminished, in albuminaria phosphuria, and in a case of phosphoruria. They appear, therefore, to him indicated in all cases where the nerve activity is enfeebled.

Dr. Robin concludes that:

1—The glycero-phosphates are powerful therapeutic remedies which improve the general nutrition of the nervous system.

2—Their employment is mainly indicated in nervous depression.

3—Subcutaneous injections are in their effect at least equal to those of the testicular fluid, the advantage of which is

probably only to be explained by the organic phosphates it contains. It may, therefore be, that the glycero-phosphates will be employed with advantage in its place, because they will replace an indefinite product by a definite and unalterable drug.

4—The above-mentioned observations give every hope to expect that these injections will be advantageously employed in the treatment of neurasthenia, albuminaria phosphuria, phosphoruria, Addison's disease, of some forms of sciatica and facial tic douloureux. In locomotor ataxia the results are more uncertain, and success seems to limit itself to the diminution of lightning pains.

MUTILATION IN GYNECOLOGY.

In his experience few women had perished from chronic disorders of these organs, even when pus was present. More women died from the radical operation than from the disease itself. Many of these women had been cured by curetting and draining the womb; others he had seen to get well by the use of rest, massage, electricity, alteratives and by local applications, even when they had been sent to his private hospital to have their appendages removed. In a few instances among his own patients this had been followed by conception and pregnancy. If it became absolutely necessary to resort to operation, then, as little as possible of the appendages should be taken away. If the tubes and ovaries were simply adherent, and not otherwise damaged, they should be merely freed from their adhesions. If they were diseased only the unhealthy portions could be exsected. He had found that a small piece of an ovary not larger than a bean was ample enough to maintain intact menstruation and sexual feeling. The aim of modern surgery was conversation, yet the glamor of success in antiseptic surgery had so dazzled the modern gynscologist as to make him a spoiler rather than a conservator.
—From Dr. William Goodell's paper in the Congress of American Physicians, 1894.

Book Notes.

SIR FRANCIS BACON'S CIPHER STORY. DISCOVERED AND DECIPHERED BY ORVILLE W. OWEN, M. D. VOLUME II. HOWARD PUBLISHING COMPANY, DETROIT AND NEW YORK.

A notice of the first part of this remarkable compilation appeared in a former number of this paper. That which chiefly distinguishes the second volume is a picture of the improvised "wheel" used in deciphering Sir Francis Bacon's cipher writings. On a belt of a thousand feet of canvas, passing from one reel to another, are pasted pages of Shakespeare, Marlow, Green, Burton, Peele and Spenser; in what order and by what rule the reader is not yet informed. Neither is he told whether the belt is to be read from end to end or from side to side, up or down or crosswise. All this is promised in a subsequent volume, keeping up our interest like a serial story. Meantime the story itself goes on ingeniously with the relations between Elizabeth and her favorite Dudley, his wooing and wedding in the Tower, and the taking-off of Amy Rotsart, his lawful wife, to gratify the jealous Queen.

Then follows the history of the struggle between Elizabeth and Philip of Spain, in what seems to the reader an irrelevant digression, but as concealment and hoodwinking is asserted to be a large element in the whole story perhaps this is a part of the play. As any unfavorable opinion is regarded as satirical, judgment is hereby suspended until the appearance of volume third. For the benefit of those who wish to compare the only poetry that Bacon is absolutely known to have written with what is here attributed to him, the following version of the first psalm may be taken as a fair sample of several in Volume XIV of his works:

"Who never gave to wicked reed,
A willing and attentive ear;
Who never sinners' paths did tread,
Nor sat him down in scorner's chair;
But maketh it his whole delight
On laws of God to meditate,
And therein spendeth day and night,
That man is in a happy state."

If we put this alongside the prayer of Richmond on the eve of his battle with Richard III we shall be apt to conclude that possibly Shakespeare might have written the works of Bacon, if he had preferred, as Bacon did, scholastic Latin to good English, or stilted prose to noble verse.

L. S.

The Times and Register.

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Original.

A NEW METHOD FOR REDUCTION OF FRACTURES OF THE LOWER END OF THE RADIUS.

BY THOMAS S. K. MORTON, M. D.

The particular method of reducing fractures of the lower end of the radius, to be described, has proved so satisfactory during the past few years in my services at the Pennsylvania and the Polyclinic Hospitals and elsewhere, and in the hands of others to whom I have from time to time demonstrated it, that I now feel justified in giving to it wider publicity. The method is as follows:

The surgeon stands in front of the patient and interlaces his fingers beneath the supinated wrist and palm of the injured member, so that his two index-fingers lie parallel crosswise beneath the lower end of the upper fragment of the radius. The palms of the surgeon's hands are then closed in upon the thenar and hypothenar portions of the patient's hand respectively, while the surgeon's thumbs rest parallel lengthwise upon the upwardly displaced lower fragment of the radius.

The parts are thus firmly grasped by the surgeon while the following movements are made: The patient's wrist is excessively extended by carrying his hand upward. When hyper-extension has thus been secured the surgeon makes powerful traction upon the wrist in the line of hyper-extension. While this traction is maintained the hand is suddenly carried into full flexion, and at the same time powerful downward pressure upon the upwardly displaced lower fragment of the radius is made by the surgeon's thumbs opposed by the interlaced index-fingers beneath the lower end of the upper fragment.

The excessive extension of the first portion of the movement has always, so far in my experience, loosened or disentangled the displaced lower fragment, while the subsequent traction, flexion, and direct thumb-pressure have not yet failed to accurately force the lower fragment into its proper position. Separated epiphysis of the lower end of the radius is likewise easily reducible by this manipulation. For comminuted or complicated or very oblique fractures extension and moulding alone are called for in most instances.

Anesthesia is unnecessary for making a single effort at reduction by the proposed method. The patient does not anticipate what is coming, the two movements are made with lightning-like rapidity in a small fraction of a second, and, in nearly every case, perfect reduction has been accomplished before the patient realizes that he has been hurt. Should the manipulation fail to secure perfect reduction at the first attempt, I would not repeat the maneuver until anethesia had been induced, for the pain of repeating it would be intolerable. Failing in one effort, then, I would etherize and try again, first, this and afterward, if necessary, any other method that seemed advisable to secure perfect reduction. But thus far in cases that have been seen within a week of the accident I have never had to anesthetize since evolving the method mentioned; all have been reduced at the first attempt.

In cases older than one week, with displacement persisting, I anesthetize before making any effort at reduction. The new method may then first be resorted to, and will often be found the best means of performing both refracture and reduction.

For making a diagnosis I have also

found a modification of this method most useful. If the surgeon will take the hand and wrist in which fraction is suspected into his hands, as above described, and, while the thumbs press firmly upon the lower end of the radius or first row of the carpus, making a series of gentle, quick, short flexions and extensions of the joint—rocking it through an arc of perhaps 25 or 30 degrees above the head and forearm as a horizontal plane—he will be astonished at the ease with which the crepitus of the bones of the joint and of any small or large bony or cartilaginous fragment will be elicited. And, best of all, the diagnosis of these obscure fractures about the wrist can thus, after some practice, be brought out without giving unbearable pain to the patient. Indeed, I have often in this way, by the most gentle and practically painless manipulation, been able to clear up the nature of intricate injuries about the wrist.

By practicing the method upon a normal wrist a sufficient degree of expertness can readily be acquired; by it joint crepitation can be brought out in any wrist. It is well, however, not to practice too much or too often upon the same extremity, as excessive stirring up of the joint contents might originate a synovitis.

In conclusion, the writer desires to say that he will be gratified to have reports of the experience of others who may be tempted to employ the method here put forth.

A CASE OF ASCITIC DISTENTION OF THE ABDOMEN MISTAKEN FOR PREGNANCY.

By T. RIDGWAY BARKER, M. D.

The following case is reported in order to prove the importance, if not absolute necessity, of making a careful and thorough examination of all women pregnant, or supposed to be, before committing ourselves to a positive diagnosis.

In June, 1891, I first saw the patient, Mrs. M. N. She was then 18 years of age, white, mother of two children. There was no history of any miscarriages. Her general health was good and condition favorable for the development of the product of conception which she believed was present, menstruation having ceased in October of the preceding year. Inquiry elicited the fact that her menstrual flow up to that time had been perfectly regular and unaccompanied by pain. Morning sickness proved very annoying for the first three months, but later passed away.

From inspection, abdominal palpation, and digital vaginal examination, the patient was judged to be come six months pregnant, and the date of confinement set for the early part of August. On July 27 I confined Mrs. N., delivering her of a fine male infant, which presented by the vertex.

Labor was accomplished without incident or difficulty, and the lying-in period presented no symptoms suggestive of any organic lesion of the kidney. In fact, it is fair to assume that at that time there did not exist any disease of that excretory organ.

The puerperant's pulse was 72 immediately after delivery, but the temperature was not taken.

I visited Mrs. N. for 10 days, when attendance was discontinued, the patient being able to be up and move about her room. Mrs. N. was not seen again by me for over two years, when she called at the dispensary and stated that in the first week in January, 1893, she had suffered from a miscarriage.

The product of conception she passed she presumed was of about three months' gestation. The cause of its expulsion I was unable to determine, but ascribed it to a catarrhal condition of the endometrium.

While carrying the embryo she had a slight flow of blood each month which she imagined was her menstrual flow, though she remarked at the time it was of shorter duration and more scanty than usual.

The patient failed to return on the day specified and was not seen again until March 6, of this year. She stated on presenting herself at the clinic that some months after her last visit to the institution she imagined herself to be in the family-way again and called to see a physician. The doctor, she reported, told her that he believed her view to be correct as to her condition, and that he considered her about four months pregnant, and that her confinement might be expected in December. No vaginal examination was made by him, however, nor did he palpate the abdomen, but based his diagnosis simply upon the results of inspection of the uncovered ventral region.

The breasts were exposed on this occasion and were found to be large,

full, and globular. The veins were prominent and the areole well defined. Milk on pressure, she stated, exuded from the nipples as in former pregnancies. At this time her feet were considerably swollen and the edema tended to extend up the limbs.

Morning sickness was entirely absent. Leucorrhea was present, but no remedies were directed toward its treatment. At each monthly period, the patient stated, she had a scanty flow of blood, but thought nothing of it as she had much the same discharge in a former pregnancy. She did not again call on her physician, as she felt no anxiety, having passed through three confinements without difficulty.

When I saw Mrs. N. it was March 6, nearly three months, I learned, after the date of her expected confinement. She was then suffering from nervous prostration incident in a large measure to the worry occasioned by her delayed labor, as she was afraid something was the matter.

Her abdomen, she stated, felt different from what it had ever done before. Inspection of the breasts showed them to present what one might almost say was a condition typical of pregnancy. Even the colostrum exuded on pressure from the orifices of the lactiferous ducts. On inquiry as to whether she felt fetal movements, she replied that she did at times, but very slightly. No bearing-down sensations, however, or pain had been experienced.

A glance at her abdomen showed markedly that it was not as prominent as one would have reason to expect it would be in a multipara at full term.

On request, Mrs. N. consented to lie down on the sofa in the dorso-recumbent position and as she proceeded to do so I was impressed with the fact that the abdomen at once became flattened and broader. This made me suspicious as to the presence of a fetus, and I at once proceeded to palpate over the region of the supposed pregnant uterus. The abdominal walls were flabby and the intestines were in contact with them in front, but not on the sides. Carrying the examining hand downward, toward the pubis I found the uterus wholly within the true pelvic cavity. It seemed about normal in size and there was elicited no sense of tenderness.

Evidently there was no full term fetus in that woman's abdomen. Having secured the patient's consent to a digital vaginal examination, I proceeded to make the same, subject to the rules of asepsis. Inspection of the internal genitalia presented nothing characteristic. Passing my index finger up the vaginal canal to the cervix, I found it to be elongated, hard, and fissured. The os was small and from it could be felt escaping a mucous discharge. A sound was passed into the uterus and its cavity made out to measure some three to three and one-half inches.

Search for threads of membrane or other products of a late conception failed to be productive of any result. The distention of the abdomen was undoubtedly ascitic and not due to a natural growth of a pregnant uterus.

Further inqury disclosed the fact that not only had there been for several months edema of the lower extremities, but also swelling of the face as well. This was especially noticeable about the eyelids.

The urine was passed in large quantities and very frequently. It was of a pale yellow or lemon color; sp. gr. 1010; of acid reaction. No albumin present. Sediment composed of mucus. There had been for many months a gradual but none the less persistent loss of flesh.

The eyesight was very poor, so much so that the woman could scarcely read the newspapers. A kind of mist, as Mrs. N. expressed it, floated before her eyes. Headache was not a troublesome symptom, nor was any amount of pain referable to the loins made out. Sleep was troubled and the patient not infrequently awoke in a fright.

Inquiry as to the health of her parents brought forth the statement that her father died, under forty years of age, suddenly in the street, and that he had for some years suffered from dropsy. Her mother was still living and enjoyed the best of health. Mrs. N. has no brothers or sisters. It is not my purpose in this paper to enter into a discussion as to the nature of the kidney lesion, but to lay special stress upon the error in diagnosis which resulted simply from a failure to appreciate and apply the golden rules of obstetrics governing the diagnosis of pregnancy. Had the first practitioner who saw this woman not limited his examination to the breasts, but extended it to the abdomen and supplemented the same by a digital vaginal one,

he would not have fallen into the error of diagnosticating a case of kidney disease with ascites one of pregnancy.

This case is a typical example of a "snap" diagnosis, and only too clearly proves that the thorough way, which calls for inspection, palpation, auscultation, and digital vaginal examination, though more disagreeable, less brilliant, and tedious, is the only safe and satisfactory one in the long run.

Moreover, we see how little dependence is to be placed upon the patient's statements as to her subjective symptoms. Mrs. N. unhesitatingly told me that she did feel fetal movements, though they were slight, on the occasion of my first visit, three months after the date fixed for her confinement.

Examination, however, proved her sensations to be purely imaginary. She believed herself pregnant, and therefore, knowing that she should have "quickened," she believed that she did recognize fetal movements.

While the mistake in diagnosis in this case did not result disastrously, yet it might under some circumstances have been made the basis of a suit for damages.

One may occasionally make some brilliant "snap diagnosis," but he may rest assured disaster will surely follow if this course is pursued for any length of time.

CINCINNATI OBSTETRICAL SOCIETY.

MEETING OF JUNE 28, 1894.

Case Report, DR. PALMER.

Mr. Chairman:—It will be remembered that several months ago I made mention of a case of sterility which I considered I had cured by means of the galvanic current. It was a form of sterility which is perhaps one of the most, if not the most common form, congenital in its original defect, the condition arising at the second period of the development of the uterus, when the cervix becomes elongated, the os externum pinholed. I used the galvanic current in that case with the positive pole externally, and after repeated applications the patient became pregnant. When I reported the case to this society she was in about the seventh month of gestation. She was confined a few weeks ago, and I was somewhat in a disturbed condition of mind to know whether I could attend her at the time, in view of the fact of my proposed trial in Court, and in consequence of that trial I told them to call on Dr. Edward Mitchell if they could not get me. Fortunately the case came off before the trial. The first stage was the most prolonged and perplexing I ever witnessed. Towards the last of the normal term of gestation, in view of the fact that I was expecting this trial in Court. I was anxious about the patient and visited her about once a week to see the progress of the obliteration of the cervix, which always takes place during the last two weeks. I finally dilated the cervix with my metallic forceps, using first the small ones and then the large ones. This induced labor to a slight degree, and after some days the labor set in.

After she had been in the first stage of labor about three days, she having become very much tired out, the temperature somewhat elevated and the pulse frequent, I requested the husband to go for Dr. Mitchell and ask him to come and assist me. Before he went I examined the patient carefully, and mapped out a left dorsal anterior presentation of the breech. The dilatation was about three-quarters. When Dr. Mitchell arrived I requested him to examine the case and give me his idea of what should be done. He did so, and his opinion agreed with what I thought should be done. The patient was placed under chloroform, and I proceeded to perform podalic version. I never had more difficulty than in this case. The legs were flexed upon the thighs and the thighs upon the body, so the feet were higher than the head. By this time I comprehended the fact that the pelvis was somewhat deformed; it seemed to be contracted in its transverse diameter. Previous to dilating the cervix with the expanding forceps, I measured the pelvis with the pelvimeter to estimate the size of it, and I could not find any contraction of it whatever. This indicates that the external pelvimeter is very unreliable in determining the internal measurements, and the only way to determine them many times is by means of the hand introduced into the pelvic cavity. I now recommend the use of the pelvimeter in all cases when a previous parturition has been prolonged or difficult, and always in the first parturition. Expecting

I would have to apply the forceps I had them at my side, and applied them had them at my side, and applied them to the head, and made traction for perhaps 30 minutes without delivering the child. I then requested Dr. Mitchell to make traction, while I pushed back the occiput and pulled down the chin as best as I could, and by this means we succeeded in delivering the child. I succeeded, in fifteen or twenty minutes, in reviving the child. I then irrigated the vagina with hot water, as is my custom, and made it antiseptic with the bichloride of mercury. I found the perineum torn some, perhaps to the beginning of the second degree, and I found blood coming from the ruptured bulb in the vestibule. I stitched the perineum with one or two silk sutures, but still the hemorrhage continued. The patient became almost pulseless from the prolonged labor and loss of blood. I placed her in the exaggerated lithotomy posture and with a speculum inspected the upper part of the vagina, thinking the vagina had been torn, but I found the hemorrhage was not coming from the vagina but from the cervix, which I found was torn very considerably on the right side, to the third degree, being split entirely to the vaginal vault. Three stitches were inserted. The question arises whether it is proper to stitch the cervix primarily. It has been my practice of late years to stitch it if I find the hemorrhage occurring from it; under other circumstances I attend to it if necessary. Although this woman did not take a drop of medicine, there has been a complete recovery of her and her child. Now, I would like the opinion of the gentlemen as to whether it is best to perform trachelorrhaphy at once or to wait and make it only if necessary.

DISCUSSION.

Dr. Mitchell—Mr. President: I had the pleasure of seeing this case with Dr. Palmer, as he has stated, and I can certainly congratulate the doctor on the result both to the mother and to the child. I expected the child would be asphyxiated beyond recovery, and I certainly think the doctor has every reason to be congratulated upon the skill he showed in the management of the case, which was unusually perplexing from the beginning to the end.

These cases of infantile cervix are always troublesome. They are slow in dilating, and they are far more liable to occur in women who are delicate and have not very great muscular strength; the woman becomes exhausted and worn out, and they are almost certain to be lacerated, no matter in what way the delivery occurs. The question might arise whether the use of electricity in this case might not have altered the normal tissues so as to predispose to the rigidity and the liability to laceration. From the fact that a cervix like this will almost always be lacerated any way, I think it is doubtful whether the electricity has any such effect. When I saw the case there was in my mind no question whatever but we had come to the right conclusion, that the time had arrived when the woman should be delivered. The cervix was sufficiently dilated, and sufficiently dilatable for the dilatation to be completed by podalic version.

As to whether the cervix should be immediately repaired. After we had repaired the perineum and placed a suture in the bulbo vestibule, the hemorrhage at first seemed to have ceased, but then we found it was coming from the lacerated cervix. I have never made a practice of immediate repair of the cervix. It is an operation that is not so difficult to do at this time, and yet when your patient is exhausted and the friends are anxious that she shall rest, it takes a certain amount to get the consent of the patient and friends to proceed with the repair of the cervix as well as some courage on the part of the operator to go ahead with it. I think the best practice, probably, would be to repair it immediately, and I am not sure but that I shall come to that practice. In this case the doctor tells me the repair of the cervix was very good after the stitching. The case illustrates the value of the speculum in cases of deformity.

Dr. Caldwell—Mr. President: The case which I wish to report was seen by Dr. Porter with me nearly two years ago.

I was called to deliver a dwarf, 41 years of age and a primapara. I found the pelvis small, but there seemed to be no irregular contracture. I did not use a pelvimeter, but I made up my mind that a fair-sized fetal head could be delivered. I was called to see her in the night. I came to the conclusion that the head would not be discharged spontaneously, and I called Dr. Porter, who administered chloroform, while I proceeded to apply the forceps. When I tried to apply them it seemed they were almost wedged between the head and the pelvic bones. They were finally adjusted and the head with great difficulty delivered, after which the child was quickly delivered. There was a laceration of the perineum laterally, which also ran up quite a distance. The cervix was torn, and there seemed to be nothing to do but to repair everything. I think about fifteen stitches were introduced. The patient recovered uninterruptedly, and in three weeks was doing her own work. She has since been in perfect health. I am persuaded, where there is a laceration and a large surface for absorption, the only thing to do is to primarily unite the cervical wound. Of course this is to be done

only when the patient is able to stand it, but even when considerably exhausted the few extra minutes spent in a repair of the cervix is to the advantage of the woman rather than to her disadvantage. It seems to me there will then be no necessity for a second trachelorrhaphy.

Dr. Wenning —Mr. President: Whatever I have to say will not be said in criticism of Dr. Palmer's case. It is always easier to tell afterwards what could best be done. It seems to me, considering the length of the first stage, that this was a typical case for deep incisions of the cervix, and it is in just such cases that they are recommended. Possibly, if that had been done earlier, the labor would have terminated sooner with less difficulty. This, of course, is an intentional traumatism, and we cannot tell how far the laceration would have extended beyond the cut surface. Nevertheless, if we can carry the incision just to the proper degree, so we can introduce the hand or instrument, I think it would likely obviate the necessity of a laceration, which would otherwise inevitably occur. Therefore, why not make an incision sufficient to introduce the hand and deliver? This, of course, brings us to the question of suturing. In every case the cervix should be sutured, just as any other wound. I think in the great majority of cases it is not necessary. The primapara always have a laceration of the cervix, just as well as the fourchette, but if it does not extend very far up the hemorrhage will not amount to much. If there is a spurting of a ruptured vessel, it should be sutured. The deep incisions are necessary sometimes for a double purpose: First, to prevent further hemorrhage; second, to insure against infection.

Dr. Bonifield—Mr. President: It seems to me there is one other question that might be brought up, and that is whether it is worth our while to try to cure sterility in cases of infantile cervix.

I have never been in the habit of suturing the cervix unless there is considerable hemorrhage. I think frequently there will be good union, and not enough scar to amount to anything. I have always had some hesitation about making what seems to the bystander such a formidable operation. Of course, if the hemorrhage is sufficient to be alarming, it should be stopped as well as if it were from any other part.

THE IODIDE OF RUBIDIUM.

In syphilis, Leistikoff proposes to replace the iodide of potassium with iodide of rubidium. The advantages of the iodide of rubidium are the lack of disagreeable taste and the fact that the development of iodism is not so frequently produced. The dose is the same as that of the iodide of potassium.

—Journal de Medecine de Paris, April 22, 1894.

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THE EXTRAVAGANT PRETENSIONS OF THE MODERN VIVISECTIONIST.

In these days when an indiscriminate slaughter is being made on animals in the name of science and the most extravagant claims are trumpeted forth for experimentation on a smaller, lower animal, it is imperative that independent investigators should csat aside the cowl of the demagogue and boldly proclaim just what some of those horrible, harrowing mutilations have done for the healing art and how much bombastic cant and hollow pretensions there are in the modern grist of valedictories flashed before the astonished gaze of the medical novelty seeker and the more sombre, critical and impartial student.

Much of the noisy eloquence for experimentation on the living animal is nothing more nor less than mere bosh and bumcombe.

Lawson Tait's name, if nothing else, should be immortalized in medical history for the heroic and defiant stand

he took on this question. He proclaimed and avowed that he was prepared to prove that not a single, solitary principle of medical science had ever been established by experimentation on the animal.

But in our time, the country is being covered with laboratories for this line of investigation, and latterly the brutality and horrible agonizing cruelties practiced on living creatures is appalling enough to make one's blood run cold in his veins.

The ghastly work is stimulated by the reckless, unsupported assertions of those whose experience must convince them that their utterances are unsupported by scientific proof. If they would use their eyes and their other senses they would observe that while they are forcing this sort of doctrine on the student, that medicine must be scientific or nothing.

Homeopathy is making steady strides to the front. One noted teacher1. says that unnecessary experiments on an animal is not cruelty. Does he for a moment consider that he himself is but an animal and the so-called lower animal would in many of his traits put us all to shame.

Another,2. equally eminent, says in a later address, that all substantial progress in medicine, as cerebral localization and the study of infectious diseases. would be impossible without animal experimentation; that more progress had been made through this wonderful agency in the past 50 years than had been before in centuries.

But what progress has really come through these barbarous practices? Has one single, solitary remedy been evolved through them? Did they give us vaccination? Did they point to mercury in syphilis, quinine in malaria, iron in anemia or the alkaline salts in rheumatism? Did they give us physical diagnosis in its broadest sense, the clinical thermometer or urinary analysis? And what have they done for surgery? Did they give us the ligature, the elastic bandage or clean surgery?

Cerebral localization is largely a product of a fertile imagination and an ingenious word-painter. Crushes through the living, human skull refute the whole shaky structure.

But it has stamped out hydrophobia! How long since?

The Parisian statistics show that the mortality from dog bites in Paris is as great now or greater than before the chemist, Pasteur, opened his institution.

At any rate infectious diseases are now better understood! We now know that tuberculosis is infectious!

Cullen more than 100 years ago taught this and proved it.

No! the truth is, that since this laboratory craze has so widely spread, the great output of graduates know little about practical clinical medicine. Their heads are turned and their faculties stunted by this everlasting din about infection and inoculation ad infinitum.

Laboratory work of the proper sort provides an excellent training for the mind; but it is both preposterous and futile to assume that it will or ever can even take the place of a bedside instruction, and a study of the phenomena of disease in the living man.

1. Dr. William H. Tohmson. Address before N. Y. Academy of Medicine. '93.

2. Dr. A. L. Loomis. Address befoer Am. Association of Physicians, Washington, D. C. '94.

NON-PENETRATING INJURIES OF THE ABDOMEN.

The contents of the abdomen more often escape the effects of trauma than those of the other serous cavities.

But there are times when from blows or compressed force they suffer serious damage.

Before anything in the way of radical surgery is thought of, however, in their treatment, it is well to bear in mind that no tissue in the body is so prone to adhesive inflammation and thus seal up leaks as the peritoneum. Before a laparotomy is recommended, something like a definite prognosis is indispensible, for of all lesions none are so vague in their symptomatology as abdominal lesions.

Let no one delude himself into viewing an exploratory laparotomy as a harmless procedure, or they will soon repent it; for this cavity of the peritoneum resists intrusion in a far greater degree than the "citadel of the soul" itself, as there is almost no comparison in the dangers of life in opening the brain and penetrating the peritoneum.

Hemorrhagic effusion will spontaneously cease and quickly resorb if but

the periphery of an organ is lacerated or a small vessel is ruptured; but when the cava aorta or the portal vein is opened widely, die the patient must.

Traumatic peritonitis, following abdominal contusions, will do well with or without complication, if we only leave it alone, opiate our patient freely, anoint the abdominal integument with mercurial ointment, leech or poultice. With temporizing treatment Mr. Tom Bryant, of London, at old Guy's, carried 69 out of 70 such cases safely through many years ago. How much have we, with our fog-horn clamor about "modern progress," improved on these statistics?

THE SIX MONTHS' SOJOURN OF A TAMPON OF IODOFORM-GAUZE IN THE SMALL INTESTINES.

M. Pilate, of Orleans, not long since published the report of a case of a patient, who, six months after a piece of iodoform gauze was inadvertently left in his peritoneal cavity, during a laparotomy, pased it by the rectum.

In March, 1892, M. Michaux presented to the French Academy notes on a complementary case of a similar extraordinary description.

The patient was a young woman, 21 years old, who came to M. Lafourcade complaining of violent pains in lower abdomen. This was March 15. The previous September she had her uterus removed with the ovaries through the vagina for gonorrheal salpingitis.

Soon after the operation pains returned in the abdomen with terrible severity. Constipation was almost constant, and the bowels could only be opened with the greatest difficulty.

It was now evident that there must be interstitial adhesions, and that another operation must be done to relieve her. She consented to anything that offered her any hope of relief of her terrible distress.

On opening the abdomen the broad ligament was found furled around the small intestine, and in the centre of all was a hard, oblong mass. Dissection was attended with the greatest difficulty. As the mass was being freed the wall of the intestine was opened accidentally, and there firmly imbedded in its lumen and tightly adherent to the upper wall of the intestine was a large hard wad of iodoform gauze, which had been forgotten when pressed into peritonal cavity at the time of hysterectomy. This had made its way through the wall of the intestine in an effort to escape, but it excited so much cicatrization and adhesions as to cause obstruction.

A piece of the bowel was resected and an enterorraphy performed, but the patient sank.

THE APPLICATION OF DIPHTHERIA ANTITOXINE SOLUTION OF DR. HANS ARONSON.

For immunizing purposes of adults and children the following instruction may be of advantage to the practitioner:

1—For the protection of inmates in affected dwellings.

2—For the protection of inhabitants in localities or districts where diphtheria epidemics occur.

The preventive dose should be for

children under 2 years.. 1 c.c.
" from 2 to 10 years... 2 c.c.
Older children and adults.... 3 c.c.

The injection is made subcutaneously by means of a Pravaz syringe which has previously been sterilized by alcohol and a 3 per cent. carbolic acid, or better 1 per cent. Trikresol solution.

The injections are made deep into the subcutaneous tissues behind the shoulder blades or into the arm or upper part of the thigh.

If the outbreak of the disease has not passed over after three or four weeks the injection, which is absolutely painless and free of reaction, may be repeated.

For the treatment of cases of diphtheria a three or four-fold dose of the solution for immunizing purposes will be required.

When the diphtheria antitoxine solution is applied for therapeutic treatment 10 c.c. are to be injected in the first stage, or first day of the disease. When the malady, however, has already taken root, or on the second, third, or fourth day, more powerful doses of the solution for immunizing purposes, namely, upwards from 40 to 50 c.c. are required.

These instructions, it is well to observe, apply specifically to the diphtheria antitoxine solution made in Schering's factory under the direct supervision of Hans Aronson, M. D., and it will be well to require this solution to be supplied.

Medicine.

Under the charge of E. W. Bing, M. D., Chester, Pa.

RESPONSIBILITY OF THE SURGEON FOR OPERATIONS ON CHILDREN.

The physician-in-chief of a Hamburg hospital was summoned by the father of the child for having practiced, against his wish, a surgical operation on the child's foot.

The father sued for damages, "for wounds made with a knife."

The Court acquitted the prisoner and rejected the suit, basing the decision on the declaration of the physician that the operation was necessary to save the child's life and that consequently consent was not absolutely requisite. The case being appealed, the Judge of the higher Court reversed the verdict, saying that a physician has no right to perform an operation of this kind without consent of the parents.

—Le Prog. Med.

ANECDOTES FROM LA REVUE MEDICALE.

"I suffer from the gout," said a patient to Dr. Abernethy;"What shall I do for it?"

"Live on sixpence a day and get well," said the doctor.

A eunuch in Italy, who has a good voice, can flatter himself on a considerable fortune. The celebrated Farinelli, returning from Madrid, where his voice had procured for him the most brilliant fortune, gave to Benedict XVI the detail of the goods, presents, and honors which had been heaped upon him.

"That is to say," said the Pope when he had finished, "that you have found there what you had left here."

PILOCARPINE IN CROUP.

Pilocarpine is, according to Sziklin, a specific for croup and for all croupal affections as rhinitis, conjunctivitis, laryngitis, bronchitis, pneumonia, nephritis, cystitis, etc., where these affections are accompanied with fibrinous deposits. Its action is quickly shown; in croupous laryngitis the cure is performed in a few hours, in pneumonia in two or three days. It does not matter whether it is given by the mouth or hypodermically.

In urgent cases, however, it is best to use it hypodermically. The dose varies according to age (in children) from 1 cgm. to 7 cgm., but in urgent cases 1 grm. to 1½ grm. may be given at once hypodermically, and may be repeated if necessary.

—La France Med.—E. W. B.

CATHETERISM OF THE ARTERIES IN GANGRENE OF THE LIMBS. (SEVERENA.)

After seeing many cases perish from gangrene of the stumps in amputations it occurred to the author that he might by clearing out the arteries prevent the occurrence. Accordingly, he took a catheter of suitable size and passed it into the artery, and by to and fro movements started the blood current through the artery, by clearing out the clots, with the result that he did not meet with another case of gangrene since.

La France Med.—E. W. B.

MASSAGE IN INFANTILE CONVULSIONS.

Schumann, after discussing the intestinal causes leading to eclampsia and convulsions in children, dwells on our inability to render much active and immediate assistance. Anesthetics, purgatives, etc., are dealt with, and the author then describes how he has lately in the case of several children resorted to abdominal massage, which led to instantaneous relief. With or without an anesthetic, according to the nature of the case, the child's abdomen should be rubbed for several minutes, when the passage of flatus and a thin stool will show the success of the treatment. The history should be inquired into first, and, when there is a probability of the presence of peritoneal irritation, the massage may be contraindicated.

Therap. Monatsh., March, 1894.

Electro-Therapeutics.

Under the Charge of S. H. Monell, M. D., 44 West 46th St., New York.

ELECTRIC BATHS.

"To the editors of the Australasian Medical Gazette—Sirs: Can you give me any information as to literature by reliable authors on the therapeutic action of electric baths? Are there any books written about them by any medical authority? Are there records of cases treated with results? And is their use generally approved of by authorities in nervous diseases? An answer through your columns would oblige.

"INQUIRER."

Newcastle, May 20, 1894.

(Electric baths are more a toy to play with than a rational therapeutic measure, and are usually established for the purpose of enriching the proprietors, who charge exorbitant prices for them, e. g. 10s. 6d. per bath. Take the most recent English hand-book on therapeutics for an example, and you will find merely a casual reference made here and there to electric baths. Burney Yeo's experience and writings do not seem to attach any importance to the measure, and beyond a simple reference such as this—at page 400 of his "Clinical Manual," vol. 2—"Constantin Paul has applied the electric bath with advantage in certain cases (of chorea)"—he gives no indications for the use of electric baths. Consult Hare's "Therapeutics," Von Ziemssens' "Hand-book of General Therapeutics," or his "Encyclopedia," or a small work recently published—"Hedley on Hydro-Electric Methods in Medicine." We cannot call to mind any extravagant number of cases recorded as treated by the method in question, but most works on medical electricity deal with the subject, e. g. Beard & Rockwell's, Dawson Turner's and Stevenson and Jones' books. Our opinion is that the application of electric baths is not specially indicated in the treatment of any disease; that the treatment is too elaborate for use in general practice, and too expensive for the hospital work, unless it be in special institutions where paralysis and other affections of the nervous system are exclusively dealt with. Numerous electrical establishments with baths have sprung up in Melbourne of late years, some of them being in charge of medical men, but as the results of their treatment are never published in the medical journals of the day we know nothing about them.—Ed. A. M. G.

June 15, 1894.

The above item has come to my notice from a great distance, but no doubt many physicians nearer home have had in mind a similar inquiry. The subject is important enough to be thoroughly answered, and inasmuch as I can speak from personal experience I will state the facts about electric baths. The term is indirect and expresses nothing definite. Let us therefore discard it and simply consider the matter of applying a proper therapeutic dose of either the constant galvanic current or the interrupted galvanic current, or any one of the varieties of faradic currents to any given case of disease, with the patient meanwhile placed in a tub of water. This reduces the merits of the inquiry to a very simple form, for if it is conceded that the passage of the various electric currents through the tissues is attended with definite physiological effects, the situation of the patient during the actual passage of said currents in proper therapeutic doses cannot alter the chemical or mechanical action within the tissues of the properly administered electric force. But why should the patient be put in a tub of water? Well, a bath often refreshes the body and cleans the skin. Nevertheless the method is open to the following objection. It is a wasteful and inexact way to apply a galvanic current, for the water is a conductor and diverts about seven-eighths of the amperage employed. With a current of 200 milliamperes, only about 25 to 40 traverse the body of the patient. The method, however beneficial it may be when rightly carried out in detail, is one I never advise, but this is not because I believe it inherently pernicious, but because I can do better. I can refresh the patient with all the grateful effects of a bath, without exposure of the person, without the pressure of a surrounding body of water, and without diverting through it any part of my therapeutic dose of faradic or galvanic administrations applied with all the precision of scientific electro-therapeutics. I employ an apparatus, the nature of which is sufficiently indicated by the term: "Therapeutic, electro-thermal cabinet bath."

It is a cabinet—a box—in which the

patient may sit and receive practically any form of local or general electrization with any medical curent, under the complete control of the operating physician, while also enjoying as elected a Turkish or Russian bath. The patient's head is out of the cabinet and is kept constantly cool. This is a kind of "electric bath" that can only be admired by everyone who tries it personally.

I believe that the dry or moist heat, the profuse perspiration induced, the equalizing effect upon the circulation, the stimulation of the eliminating functions of the skin, the sedative influence upon irritated nerves, etc., render the conjunction of such a bath with electrotherapeutics a method of treatment adapted to a wide variety of cases.

Owing to the time, trouble and costly outfit it will hardly be available in the practice of the ordinary physician, but wherever it can be conveniently employed it is wonderfully satisfactory. I am in the habit of administering through a vapor bath medicated with fine needle extract a mild galvanic current of 10 to 15 ma. united with a high tension rapidly interrupted faradic current, in cases where a sedative tonic influence is desired without special local treatment. For this purpose one electrode, the positive, is applied to the cervical spine, and the negative attached to a foot tub of hot alkaline solution in which the patient's feet are placed. It is exceedingly efficacious in diseases of the skin, in dietetic disturbances, and in nervous irritability. As a complexion beautifier I do not know its equal.

If such a method of administering electricity and a bath together is properly practiced it is an important therapeutic resource in many diseased conditions, and its enjoyment a luxury to those who are well. The chief difficulty in employing it relates to the trouble of getting the cabinet ready for a patient and putting it in order afterwards, for the duration of the treatment is but from ten to fifteen minutes. To obtain results which combine material benefit with the personal comfort and satisfaction of the bather calls for a certain skill in technique which can only be acquired by experience.

The physician who wishes to form an intelligent judgment as to the merits of what are vaguely called "electric baths," should therefore ignore the equally vague generalities quoted from text books, and find out just what kind of an electrical treatment is meant. If it is good, skillful, proper treatment, it is good bath or no bath; and if it is "quackery," the quackery is independent of the bath; for the benefit and merits of the application depend upon the skill of the physician and the implements he uses, and not upon the fact that charlatans sometimes misuse good things that the profession neglect.

Baths of any description—"electric" or otherwise—dealt in as a business commodity, sold like merchandise to all comers who pay their money and make their own choice of goods, are outside the physician's field of medicine. They are measures of hygiene and cleanliness, or, if tainted with quackery, they belong to the same category as nostrums now sold so liberally by our leading dry goods stores. A bottle or a bath! the customer takes his choice; but the practice of medicine does not enter into his transaction.

I, however, and writing from sufficient personal knowledge and practical experience, consider it a very different matter when educated electro-theraphy and a superb hydropathic measure join hands and are skillfully directed to the treatment of disease. Physicians who desire to form a reasonable judgment on this subject will simplify the matter if they will consider the merits of the case from a purely medical standpoint and leave mercantile institutions out of the question. The opinion of writers like the editor quoted above is simply hearsay and entitled to no weight whatever. The authors of text books cannot be expected to have had a personal experience with every feature of their subject, and they have added little to our knowledge of electro-theraphy baths, and especially a cabinet bath. What has been written of an unfavorable nature relates to tub-baths, and I entirely agree with those who scarcely approve of the method, though my reasons refer wholly to its scientific inaccuracy. I do not regard a tub of water as a good situation in which to treat a patient with the usual forms of medical electricity. I also regard a cabinet bath apparatus, such as I use myself, as one of the very best possible situations in which to place a patient to obtain the best results in many cases where surface applications, either local or general, are employed.

S. H. MONELL.

Therapeutics.

Under the charge of Louis Lewis, M. R. C. S., Philadelphia.

A GOLD CLINIC.

The regular profession is often stimulated to investigation by the extravagant claimms made by, or the accidental discovery of, quacks, who bring their ideas to the notice of the world in such a laudatory and brazen way, that the public attention is attracted and purely scientific investigation instigated. In many instances great good results by this method of exposing the vain pretensions of the charlatan.

There is no doubt in my mind that if Keeley had not advertised his gold(?) cure for drunkenness, a pretension which has been proven fallacious, the investigations now being carried on all over the world as to the therapeutic uses of gold would not have taken place not at least for a long time. In the old days of medicine, wonderful results were attributed to this precious metal, but of late years it has fallen into disuse as a therapeutic agent and until recently has been but seldom prescribed. Later investigators have, however, proven that it does possess wonderful curative properties and that applied in many cases, results have been obtained that seem (not understanding as we ought the modus operandi of its action) little short of the marvelous.

Current literature is filled with the clinical observations of medical practitioners upon this subject, and experience widens daily as to the variety of diseases to which it is applicable; in fact, it is a good deal as an old doctor said to me not long since: "If I have a chronic case that yields to nothing else, I give on general principles the bromide of gold and arsenic (arsenauro) and it is surprising what unexpected results I get from its use. I cannot tell the whys and wherefores of its action, nor often times why I give it, but the stubborn fact still remains, that it relieves a class of cases that nothing else will. You may say I prescribe it empirically, and so I do, and I want to say to you now, that if every doctor waited till he could tell why he did this or that, in the application of his therapeutics, his patients would die before he got ready to do anything for them."

The old doctor's experience tallied so closely with mine, that I thought that it may possibly interest. if I recited a few cases from my own note book, as well as a few from the experience of others.

Case 1.—Miss R., American, born from an old New England family, 19 years old, a resident of this city, consulted me in November last, with the history of general debility, rapid emaciation, cough, loss of appetite, constipated bowels, coated tongue and such a feeling of malaise that she simply wanted to sleep all the time. It was all she cared to do, while the slightest exertion would cause excessive palpitation of the heart, with great prostration. The family history was bad. There were the physical signs of tuberculous disease of the lungs; in fact, the whole case presented was typical of hasty consumption.

I corrected the bowels by a calomel purge, followed it with one-eighth of a grain of podophyllin every night to insure a movement and proper action of the liver. She was directed to take of Bovinine with one-half ounce of sherry wine four times a day, and ordered that she should have plenty of nutritious food with perfect rest.

As for medicine I gave alone ten drops of arsenauro three times a day, well diluted with water. It was a week before any change was apparent, and I advised that she should be at once taken to Southern Pines, N. C., for the winter. It took nearly a week to make the necessary preparations, and before they were completed a marked change began to take place. The appetite improved, the cough very gradually diminished, the night sweats ceased, and the general appearance as well as all the symptoms improved so much we decided to wait for a little while before sending her to Southern Pines, as she was loath to leave her home and family.

From this date the improvement was slow but steady, and in two months the cough was all gone, the physical signs of the lungs were of a normal character, she had gained twelve pounds in flesh, and the prospect of her recovering health certain. To-day though she still

takes five drops of arsenauro twice a day, is apparently perfectly well.

Case 2.—Mrs B., the wife of one of our city's chief officials; for years had been a sufferer from the worst form of muscular rheumatism I ever saw. She was a constant sufferer when she called herself well, but when the acute attacks came on, as they did two or three times a year, she suffered excruciating agony, and the illness lasted, in spite of the best treatment I could give her from three weeks to two months.

The chief seat of the rheumatism was in the intercostal muscles of the chest, though every muscle of the body seemed to be affected more or less. Large doses of morphine were ordered frequently to quiet her at these times, and I dreaded each attack for fear that the heart might become involved. In October last she had an attack, one of the severest I ever saw. I at once gave her arsenauro, ten drops, four times a day, with such palliatives as were needed. Much to the surprise and delight of her family and myself, she commenced to improve on the fourth day. Opiates were dropped on the fifth day, she was up and about on the seventh day, and had a rapid convalescence from that time on. I ordered the arsenauro continued t. i. d., and after a month all pain ceased. I met her on the street yesterday, a healthy, happy woman and a grateful patient. She still takes five drops of the medicine once a day and I propose to keep it up for a year. This led to another case, her brother, Mr. M., American, aged 47, a resident of Bethel, Conn., who had not been able to work for two years. Was all crippled up with rheumatism, which was hereditary. When he first consulted me he was not suffering from an acute attack, but was in a bad way. Three months' treatment with arsenauro, ten drops, four times a day, removed all the pain, and the man is now working every day. He will take five drops twice daily for a year until all the symptoms disappear and the cure is complete.

Case 4.—Willie McK., 14 years old, from Newtown, Conn. He had the worst attack of herpes zoster I ever saw. His family physician had exhausted all the usual remedies. I advised that he take six drops of arsenauro three times a day. In three days improvement was manifested, and from that time on his recovery was rapid and uneventful.

The following cases are from the practice of Dr. R. W. Lowe, of Ridgefield, Conn., one of the prominent physicians of this section:

Case 1.—Mrs. B., aged 42, married, has been in poor health for the past five years, the result of an extensive laceration of both cervix and perineum, with chronic diarrhea. She was so depleted that an operation was out of the question, and I commenced to build her up preparatory to that event. I used the general tonics, like hypophosphites with iron and strychnine and iron and gentian with very little improvement. Finally prescribed arsenauro, ten drops, three times a day, and in two weeks she was out of bed, appetite good and general condition so good that the operation was performed.

Case 2.—Miss M.; aged 35; maiden. Diagnosis, anemia; symptoms, general anemic ondition; palpitation, dizziness, anorexia and vomiting after taking food. Treatment. Stimulated liver with usual drugs. Papoid and five grains of arsenauro, ten drops three times daily. She commenced to improve in ten days, and at present is a very different woman. Appetite good and the general anemic condition disappearing.

Case 3.—Mr. C. H. W., aged 30. Diagnosis, sciatica of long standing. Treatment, arsenauro in ten drops three times daily with galvanic current three times a week. Result, cured in seven weeks.

I have used arsenauro in several cases of phthisis with marked improvement in their condition.

Cases might be multiplied, but these seven will illustrate some of the many diseases in which arsenauro is applicable.

—W. C. Wile in N. E. Med. Monthly.

SCHERING'S DIPHTHERIA ANTITOXINE.

The "Berliner Klinische Wochenschrift," No. 29, of July 16, 1894, as well as the "Deutsche Medizinische Wochenschrift," No. 28, July 12, 1894, contained a lecture delivered before the "Berlin Medical Society" by Dr. Otto Katz, on June 27, 1894, in consequence of a request of his chief, Professor Dr. Baginsky, and with the kind permission of the "honorary President of the 'Berliner Medizinische Gesellschaft.'" In the diphtheria division of the Kaiser & Kaiserin, in Friedrich Kinder Kranken-

harse, Berlin, Dr. Katz treated with Diphtheria-Antitoxine—Schering from March 14, 1894, to June 20, 1894, 128 cases, of which 17 ended fatally, i. e., a mortality of 13.2 per cent.

The cases were classified as follows:

47 light cases, all recovered.

35 cuite severe cases, of which 34 recovered and 1 died.

42 very malignant cases, of which 31 recovered and 11 died.

4 septic cases, all of whom died.

The statistics in the above-named hospital show a mortality from diphtheria as follows:

during 1890.....50.4 per cent.
during 1891.....32.5 per cent.
during 1892.....35.4 per cent.
during 1893.....41.7 per cent.

From January 1, 1894, to the day of the application, March 14, 1894, of Aaronson's Antitoxine, the mortality was 41.8 per cent.

In all cases where Aaronson's Antitoxine was used, the presence of the Loeffler bacillus was determined in the quarantine station of the hospital prior to admittance. Quite a number of malignant cases were brought to the hospital, being already in the last stage of the disease. Aaronson's concentrated solution was used in the above cases, while 72 children (brothers and sisters of diphtheria patients) have been injected with the weaker immunization solution-Schering; eight were taken sick, but all relatively light, and they recovered speedily without any bad consequences.

SPECIALISTS.

Specialists expect and demand greater compensation for their services than the general practitioner. Why? Are they more learned, are they more industrious, are they more conscientious, are they better physicians? We think not. Does it require greater skill and knowledge to remove a cataract, to curette a uterus, to apply the cautery, than to treat intelligently a case of scarlatina, typhoid or diphtheria? Does it involve the worry and vexations, the personal discomfort and danger? The answer is emphatically, no!

To entitle the specialist to consideration and patronage at the hands of the public and the profession he must have brought to bear upon his specialty time and his best efforts; he must acquire skill and knowledge beyond the reach of one working in a broader field; he must know that which is beyond the ken of the masses; then, and not till then, can he honor himself and dignify his calling. There is no more dangerous man than the would-be specialist, galloping at full tilt upon his ever-changing hobby. How many pounds of potassium iodide and the salts of mercury have found their way into the stomachs of non-syphilitic patients; how many healthy ovaries have their resting place in the jars of the gynecologist; how many acres of healthy uterine mucosa have been furrowed by the invading curette, are questions that will go down to posterity unanswered.

—Southern Med. Record.

LIQUOR SEDANS.

This I find to be a utero-ovarian sedative and anodyne of exceptional value, as in my hands it has produced the most brilliant and flattering results, far exceeding my most sanguine expectations.

Mrs. W., æt. 44 years, and approaching the menopause; very anemic, thin, and of a nervous temperament; much anorexia at times; habitually constipated; complains often of headache and palpitation, with frequent but scanty micturition; menstruation very irregular, returning every three to five weeks, and lasting from two to four days; flow small in amount and nearly colorless; attended with violent pains in the lumbar region, groins, with general tenderness over the hypogastric region; no organic lesion of the heart, simply functional as a result of other lesions.

Upon examination, I detected retroversion of the uterus of the second degree, and a profuse leucorrhea. Had previously almost exhausted the materia medica in seeking a remedy for her relief. As a dernier ressort, I ordered Liquor Sedans, one drachm four times a day, to be continued during menstrual period; Fowler's solution with bromides; and an injection for the leucorrhea; also placed a Thomas' retroversion pessary. Saw her four days later; met me with a smile and remarked the "new medicine" was going to "cure" her. Her improvement has been steady and rapid; appetite good; menstrual epoch unattended with pain; discharge higher colored and more profuse, lasting from five to six days, and more regular than before for years. Leuchorrheal discharge disappeared; does not suffer with palpitation or headaches. Such is my happy success with that grand therapeutic agent, Liquor Sedans.

—Dr. Gardner in Medical Age.

Miscellany.

POST-MORTEM CESAREAN SECTION—CHILD SAVED.

Backer states that last January a woman aged 40 and in last month of her eighth pregnancy, was admitted into the hospital in a dying condition, with extreme dyspnea owing to edema of the lungs. Delirium set in, and then eclampsia, immediately followed by death. The abdominal wall was at once opened, blood flowing freely, and then the uterus was incised. The presentation was pelvic; the fetus was seized by the foot and extracted. It was born in a state of algid asphyxia. After being swung fifty-six times, according to Schultze's method, it cried lustily. It was a female 17 inches long and well developed. When the report was published, 108 days after birth, the child appeared to be doing well. From the moment when the operation was begun the mother showed no sign of life. The sphincter ani had yielded and liquid motion escaped during the fit which ended fatally. In 1891 a somewhat similar case occurred in the same hospital. The mother had just died of purulent meningitis. The fetus was asphyxiated: it was swung 733 times, but could not be saved.

—Centralbl. f. Gynak., No. 24, 1894.

SERUM TREATMENT OF ANTHRAX.

Emmerich gives some account of his researches into this subject, along with Most, Scholl, and Isuboi. The author showed some years ago that anthrax bacilli in the tissues gave evidence of complete breaking up and destruction eleven hours after the injection of the erysipelas streptococcus. The bacillus of Friedlander and the B. pyocyaneus were subsequently proved to have a similar but less marked action. The author first details a case in which a rabbit suffering from severe anthrax was cured by the injection of a virulent culture of the erysipelas streptococcus. Experiments are then related which were made with the micro-organism from a case of facial erysipelas. It was obtained in pure culture, and inoculated into rabbits. The blood serum, freed by filtration from the streptococcus erysipelatis, was then used for purposes of treatment. Three rabbits were injected with this serum, one, four, and eleven and a-half hours respectively after being inoculated with anthrax. Two recovered completely, and the third pregnant lived twenty-four hours longer than the control animal. This serum treatment must be continued during five days. The serum of sheep's blood prepared in a similar fashion is even more efficient. Two experiments are recorded in which rabbits infected with anthrax were so treated with complete success, the control animals dying rapidly. The author concludes with the hope that this treatment may be successfully adopted in cases of severe intestinal and pulmonary anthrax in man.

—Munch. Med. Woch., July 10, 1894.

STERILIZED MILK FOR INFANTS.

Budin and Chavane reported to the Academie de Medecine further experiments with sterilized milk as a food for infants. They administered the milk without dilution, because the addition of water very greatly decreased the nutritive value of the milk in proportion to its bulk, since the infant received a deficient quantity of fat, sugar and salts. Chavane had found that when the milk was raised to a temperature of 100 degree C. the casein underwent certain modifications, which rendered its digestion much easier. The use of undiluted milk simplified very much the process of sterilization and feeding; but it was not always possible to have recourse to it. If digestive disturbance existed it might be necessary to add lime water or Vichy water, or to give the infant pepsine. It was desirable to sterilize the milk daily, and to consume it within twenty-four hours. The sterilization should be conducted in bottles containing only a sufficient quantity for one feeding. Milk thus treated did not acquire the peculiar taste and appearance observed in sterilized milk kept for a long time. Tarnier, in the discussion of the paper, stated that milk which had been raised to a temperature of 100 degrees C. appeared to be more easily digested than fresh milk; but that it could not be considered sterilized milk. Fournier stated that the experience at the Hopital St. Louis with sterilized milk had been most satisfactory.

Jl. d. Pract., July 18.

SECURITY AGAINST IMPOSITION.

This heading is suggested by and is particularly applicable to the new advertisement of the Antikamnia Chemical Company, which appears in this issue. Antikamnia, while not suffering anything like other standard preparations from substitution, has still found it in some few instances. To the end, therefore, that there may not be even the breath of suspicion against Antikamnia, as well as to give every doctor the fullest confidence, the company has gone to the expense of withdrawing all the old stock from the market and replacing it with new. In the new form the drug is identically the same chemically and medicinally as it always has been, but every tablet bears imprinted upon it a monogram. (See advertisement). Every package of powder or tablets is so wrapped and sealed, and resealed as to render counterfeiting impossible. The entire profession should insist upon the safeguards provided, and there can be no question but that this action will be regarded with great favor by them.

The latest edition "Antikamnia and Codeine" tablets, can be obtained direct, or from your druggist. Each tablet contains 4¾ gr. Antikamnia and ¼ gr. Codeine.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The following is the preliminary programme of the American Electro-Therapeutic Association, which will hold its fourth annual meeting at the New York Academy of Medicine, New York, September 25, 26 and 27.

President's address, Dr. W. J. Herdman, Ann Arbor, Mich., Professor of Diseases of the Mind and Nervous System and Electro-Therapeutist in the University of Michigan.

REPORT OF COMMITTEES ON SCIENTIFIC QUESTIONS.

On Standard Coils—Dr. W. J. Morton, New York. On Standard Meters—Dr. Margaret A. Cleaves, New York. On Standard Electro-Static or Influence Machines—Dr. W. J. Morton, New York. On Constant Current Generators and Controllers—Dr. W. J. Herdman, Ann Arbor, Mich. On Standard Electrodes—Dr. A. Lapthorn Smith, Montreal. Stand and Electrode for Static Electricity, exhibit of same, Dr. Lucy Hall-Brown, Brooklyn, N. Y. On Electric Light as a Therapeutic and Diagnostic Agent—Dr. Margaret A. Cleaves, New York.

THE CONSTANT CURRENT.

Physics; Current Distribution — Mr. W. J. Jenks, M.I.E.E., New York. Physiologic Effects—Prof. H. E. Dolbear, President Tufts College, Boston, Mass. Therapeutic Uses, general—Dr. A. D. Rockwell, New York. Gynecology, The Galvanic Current in Catarrhal Affections of the Uterus—Dr. G. Betton Massey, Philadelphia. Suites Eloignees du Traitement Electrique Conservateur Gynecologie, Grossesses Consecutives—Dr. Georges Apostoli, Paris. Metallic Electrolysis — Dr. Georges Gautier, Paris; Dr. W. J. Morton, New York; Dr. A. H. Goelet, New York. Treatment of Urethral Stricture, Report to date—Dr. Robert Newman, New York. Diseases of the Eye, Electro-Therapeutics of—Dr. L. A. W. Alleman, Brooklyn, N. Y. Notes on Goitre and Improvements in Apparatus for Treatment of same—Dr. Chas. H. Dickson, Toronto. Diseases of the Throat—Dr. D. S. Campbell, Detroit, Mich. The Action of Electricity on the Sympathetic—Dr. A. D. Rockwell, New York. Diseases of the Nervous System, The Treatment by the Galvanic and Faradic Currents—Dr. Landon Carter Gray, New York. Electric Sanitation—Prof. John W. Langley, Ph. D., Case School of Science, Cleveland, Ohio. Physics of the Electric Light in Relation to Organized Matter—Prof. John O. Reed, Ph. M., Assistant Professor of Physics, University of Michigan. Hydro-Electric Methods, Physics and Appliances—Mr. Newman Lawrence, M. I. E. E., London. Special Hydro-Electric Aplications—Dr. Margaret A. Cleaves, New York. The Hydro-Electric Therapeutics of the Constant Current—Dr. W. S. Hedley, Brighton, England.

INDUCTION CURRENTS.

Interrrupted Currents, Physiologic Effects—Dr. W. J. Engelmann, St. Louis, Mo. Therapeutic Uses; General Faradization—Dr. A.D. Rockwell, New York. Gynecologic—Dr. A. H. Goelet, New York; Dr. H. E. Hayd, New York; Dr. A. Lapthorn Smith, Montreal.

SINUSOIDAL CURRENT.

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IN MEMORIAM.

Dr. Wm. F. Hutchinson, Providence, R. I., and Dr. John Chambers, Indianapolis, Ind.; Dr. Robt. Newman, New York; Dr. Plymon S. Hayes, Chicago; Dr. W. J. Herdman, Ann Arbor, Mich.

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Original.

AN IMPROVED UPRIGHT PORTABLE FARADIC APPARATUS, WITH VOLTAGE SCALE FOR ACCURATE DOSE MEASUREMENT.

BY S. H. MONELL, M. D.

In a recent editorial article (Times-Register, July 21, 1894,) I briefly drew attention to the varying opinions held by different writers in regard to the faradic battery as a therapeutic appliance. Such a grouping of opinions as was then presented illustrates how much remains to be accomplished before the faradic battery takes its place among our scientific instruments of precision. Some already have sought to discard it, and offer instead an apparatus designed to give a true sinusoidal current, but which yet falls quite short of its purpose, both because of its far greater costliness and its therapeutic deficiencies.

We may, therefore, wisely direct our efforts for the present to the further improvement of an instrument so widely known and so practically successful as the faradic battery, with which everyone is familiar. If its chief defects can be overcome it offers certain advantages at a more moderate cost than any instrument as yet suggested as a substitute. Its defects relate particularly to the variability of interrupters and the lack of means to measure the therapeutic dose. High tension coils are already made which leave little to be desired.

A year ago I became greatly dissatisfied with the faradic apparatus I was using, and which represented the best advances then made in the improvement of this instrument. It was an earnest attempt on the part of the makers to give the profession a better battery than was made before, but it made the mistake of putting high tension into its interrupter instead of restricting it to the coils, where it properly belonged. With due deference to the views of others, I was reluctantly compelled to admit that the singing rheotome was a failure. Its use was attended with constant aggravation, and after many experiments made with the very courteous co-operation of the manufacturers I discarded it entirely.

Since that time I have gradually developed my improved type of faradic apparatus, presenting new features of combination and introducing important and radical changes. The salient features of this battery, for which essential novelty is claimed, may be summarized as follows:

An upright switchboard presenting a plain, vertical surface to the operator upon which every switch and screw may be adjusted with equal convenience by either the right or left hand.

2 An invisible high tension compound coil, the secondary fixed permanently over the primary helix and the entire coil placed behind the switchboard out of sight, and requiring no regulation by the operator. This coil responds to the Geissler tube test for high tension, and furnishes seven variations in length and size of wire.

3. Separate rheostats to control either singly or jointly both the primary and secondary currents.

4. An interior battery of six Mesco dry cells.

5. A cell selector switch by which the number of cells employed may be elected at will.

6. The author's voltage scale for dose measurement.

It also contains a polarity changer, rapid and slow interrupters, an adjustable magnetic field, attachment for outside cells, etc. The parts are enclosed in compact, portable form in a handsome mahogany case about thirteen inches in heighth and width and nine and three-quarter inches deep. As a whole, the combining features of this battery form a practically new faradic apparatus, which the author takes pleasure in recommending to the profession.

Hitherto the twin distinguishing features of the faradic machine have been the hump on its back and the hum of its vibrator. In my improved battery the absence of the disfiguring hump gives the base the general appearance of a vertical galvanic switchboard.

Formerly the methods of regulating the strength of the secondary induced current have been not only crude and unscientific, but have been singularly incomplete. Early batteries were constructed with solid coils, in which a metallic cylinder called a "plunger" separated the primary from the secondary, and increased or diminished the current strength in proportion as it was moved in or out. The so-called "sledge" arrangement was a later improvement. By this device one part of the coil was stationary and the movable part advanced in or upon the other either by winding it up with a ratchet or sliding it on runners by the hand of the operator. Either of these plans required the careful attention of the physician and added unnecessarily to the details of technique. When, moreover, it is considered that the therapeutic qualities of the secondary induction current are not fully developed until the overlapping of the coil upon the primary is complete, it will be seen that these methods were utterly inadequate, and that by them there was no real gradation of the secondary current, but only a gradual evolution from the primary to the secondary induction, and the latter, when finally and completely reached, was at its full maximum energy and no further regulation of it by the sledge coil was possible.

Observing this a later improvement was essayed by placing a wire rheostat in the primary circuit. This so cut down the battery force that both currents were modified; but while a step in the right direction it was putting the cart before the horse, for it is clear that to produce accurate and scientific results the regulation should take place in the circuit which it is sought to influence, viz., the secondary, and not alone in the primary from which it (the secondary) is derived. The former, however, was by far the easiest to do, for while a few feet of fine German silver wire (30 or 40 ohms of resistance) will cut down the primary current to zero, it would require an enormous and unwieldy quantity to control the induced current properly. In an actual test made by the author, at the Stevens Institute of Technology, the secondary coil current in the battery I am describing overcame a resistance of about 1,000,000 ohms. It will thus be seen that to control its energy is a problem of some magnitude. Moreover, the sensory effects obtained through highly resisting wire rheostats are somewhat harsh and irritating, and unsuited to the finer therapeutic uses. In my improved apparatus I have rejected "plungers," and done away with the inconvenience of pushing any part of a coil along sledge runners. I have provided a coil immovably fixed upon the helix so that there can be no question, at any time, about the completeness of the secondary current, the strength of which is regulated by a fluid rheostat, while the strength of the initial battery force may be governed by the number of cells employed, from one to six.

For external applications one, two or three cells will be sufficient. For gynecological purposes four are usually furnished with high grade batteries. In order to supply the need for a greater E. M. F. than this—a need which occasionally occurs in my experience—as well as to add a material duration to the life of the battery, I have caused six cells to be furnished in this apparatus. The strength of the primary induction current may be additionally regulated by a

wire rheostat, for which purpose it answers very well, although inadequate for secondary currents.* It is of prime importance that the secondary current should be generated in its maximum of completeness and be evenly and gradually increased from zero in its therapeutic applications. To effect this result I have placed in the secondary induction circuit a novel rheostat, the resisting medium of which is an unalterable fluid of a definite specific gravity and composition.

This rheostat marks a long step in advance of any attempt known to the author to modify the secondary current. Its importance relates not only to its direct control of current strength, but its refined resisting medium also imparts a peculiar smoothness and sinusoidal quality to the character of the current, which greatly enhances its sedative properties. It furthermore improves the evenness of the induction current by an indirect effect upon the vibrator, to which I shall refer presently. As it is this rheostat also which provides the basis for measuring the therapeutic dose of the faradic current, as I shall describe later, it will be recognized as an important contribution to the improvement of the faradic apparatus. The twin vital parts of any successful faradic battery will doubtless always be the coil and interrupter. The coil supplies the induction current, but the heart of the machine is the vibrator. Let it lack the essential qualities that belong to proper heart action, and the whole battery becomes useless, no matter how costly or elaborate it may be. A successful rapid interrupter should undoubtedly possess certain qualities.

1. It should readily start into action when the current is switched on.

2. It must not stop until the current is stopped by the operator.

3. It must be readily adjustable.

4. Its action must be fine, smooth, unvarying and constant.

5. It must hold its rate and evenness without alteration during treatment.

6. It must not be affected by the application of electrodes, the increase of the current strength, or ordinary jarring of the floor or table on which it stands.

7. It should be able to hold its adjustment for one or more hours while in action.

8. It should make very little noise. Inasmuch as the sole function of the rheotome is to interrupt, an adjustable rheotome, which will do this evenly and hold its adjustment, fulfills its purpose and is a success. It is the interrupter which stops, or intermits, or varies its rate, which disappoints and which should be superseded by a better one; and it was because the singing rheotome fulfilled none of these conditions reliably that I was obliged to abandon it. In my various experiments to determine a practical interrupter I have discarded certain innovations and selected the type which I believe to be the simplest, most satisfactory and least liable to variation. Superior workmanship has much to do with the success of tools even when they are called by the same name—as witness the difference between a cheap and a fine watch—and the makers of this battery have succeeded in producing an excellent "spring vibrator" of such fine quality and action that it leaves little room for special criticism. Here, however, its definite accuracy and evenness is largely established by the fact that its actuating energy from the battery cells is a fixed and constant E. M. F., which is not altered by the regulation of the secondary current, for it has been chiefly the variations in the force of the primary current which have heretofore affected the rheotome and impaired its reliability.

The introduction of my new method of controlling the secondary current independent of the battery circuit has given to this rheotome much of the stability it before lacked. As a test experiment on March 18, in my office, at 9.30 o'clock A. M., I set this battery in action with a single dry cell and with the rapid vibrator finely adjusted. The battery was placed on a small stand where it would feel the usual floor disturbances and meet ordinary conditions. It was tilted several times and lifted and replaced without stopping the interrupter. In an hour or so the location of the stand proved inconvenient and the battery was carried to another

* Owing to great differences in penetrating capacity of currents through the various tension wires of the coil, is not to be expected that a rheostat of definite density would answer equally well for them all. With resistance high enough to absolutely reduce the strongest high tension current to zero, it is too dense to permit a sufficient increase in the dose of milder currents. A practical average of resistance has therefore been provided in the rheostat, and the careful operator will naturally initiate his extreme applications with a milder E. M. F. than the full force of the battery. With this precaution, the current control of the secondary rheostat will adequately cover every range of therapeutic work.—AUTHOR.

part of the room without affecting the vibrator in the least. At 11 o'clock A. M. and at 1 o'clock, 3, 5 and 9 o'clock P. M., it was carefully noted, and all through the day it maintained unbrokenly its soft and even hum. It was allowed to go on through the night, and in the morning its note was still unchanged. At 8.30 A. M. it was stopped by the author after a continuous run of 23 hours, with an E. M. F. of a single cell. This test was not only a superb demonstration of the perfection of the rheotome, but an unexpected proof of the endurance of the cell, since the makers do not claim a steady action for 24 consecutive hours.

The slow interrupter of this battery will adjust to rates from 60 to 2000 per minute, while the rapid vibrator will carry this rate up to about 30,000. No greater rate seems necessary to the writer. To those who desire to demonstrate the differences in physiological effect of varying rates of interruption the static machine affords an impromptu means of making tests. It is difficult, if not impossible, to construct a faradic device which can be adjusted at will to give every known rate of interruption from, for instance, one to a million per minute, but to accomplish this with the static is no trouble at all. It is only necessary to turn the machine slowly or rapidly and hold near the positive conductor a grounded ball electrode. Its range of action cannot be excelled, for I can shift it to any degree of proximity between actual contact and a full sparking limit, say four inches. To make the experiment, let the physician insulate himself and hold in one hand the end of a chain or rod attached by the other extremity to the positive pole of the machine. If now we consider each discharge of this high tension current as a forceful stroke we will perceive that the longer time given to its impetus the longer stroke it will make, for electricity is a form of energy which requires an appreciable time to travel a given distance. If, by holding the electrode very near the conductor, we make the time between the discharges infinitely brief, we approximate the effect of a mild continuous current which is not felt at all. We thus demonstrate that an excess of rapidity in breaking the current will thwart the purpose for which breaks are made and that a moderate interval is required between the discharges to produce perceptible effects. Holding the electrode slightly further from the pole the insulated person will now feel a finely maintained tension in the hand holding the chain. Separating the conductor and electrode a trifle farther, we impart a greater length to the stroke, so that it travels further, and acts more deeply in the tissues. While we confine ourselves to these modified but still exceedingly rapid interruptions the application is sedative in character, with effects upon sensation and circulation chiefly. To stimulate muscle tissues to either small or great contractions, it is manifestly needful to give each stroke time enough to strike a longer and deeper reaching blow, as well as to give time for the contracted muscles to relax. This is readily done by lengthening the space between the electrode and the conductor and thus in a few moments we may make every conceivable test upon the motor nerves and illustrate all the possibilities of faradic vibrators and mechanical currents. As a handy object lesson it is worth many pages of theory upon the subject.

To those interested in currents of high potential and high frequency I may say in passing that the long coil of this battery gives very decided static effects, glowing the Geissler tube, sparking between metallic electrodes not in sensible contact, and sending its current through open circuits to the distance of several feet. And here I may observe that I am by no means convinced that the frequency of the faradic high tension current is so low as has been held by authors. In this battery I have intentionally omitted a so-called single contact key for the reason that it adds a wholly needless detail, single faradic shocks being always obtainable in every battery by simply flicking against the terminal post the cord tip of the active electrode or by controlling the slow vibrator by hand. Upon doing this with the Geissler tube in the secondary circuit we find that the luminous effect of separate oscillating discs, like rolls of coin stood on edge, appears exactly the same as during the most rapid interruption, except, of course, that it is visible only during the passage of the current. An identical appearance is obtained also with both the fast and the slow vibrator in action and points us to the conclusion that the same theory which divides the static spark into an infinite number of discharges is

equally applicable to the faradic discharge through high tension coils, each period of the interrupter representing an infinite sub-division of oscillations, allied in character to the phenomenon of high frequency currents, and suggesting the potential relationship between the two. In view of this fact the therapeutic possibilities of faradism seem amazingly enlarged, depending, however, upon the march of improvement in the mechanical construction of batteries.

My original plans for this battery were drawn by me on October 4, 1893. During the process of experimentation various changes have been made, as experience eliminated defects. On the 29th of January, 1894, I devised my method of measuring the therapeutic dose of the secondary current by means of a voltage scale. Since that time the battery has been practically completed, and given a series of careful tests at my hands, in which it has displayed a gratifying superiority over other instruments which I have used. It may be interesting to note several points illustrating the working of the apparatus. For example, a single cell suffices to start either vibrator into perfect action, and if the rapid interrupter is properly adjusted to one cell the E. M. F. may be increased at will to two, three, four or even six cells, without altering the rheotome. If the extreme E. M. F. is employed, however, the magnetic field will usually need a slight alteration to compensate for the additional energy. In practical therapeutics, where hasty manipulation of apparatus is usually necessary, it will generally be desirable to supply the rheotome with E. M. F. sufficient to overcome any ordinary or accidental disturbance. Hence three or four cells may be employed for this purpose, although the secondary current thus generated, especially with the slow interrupter, would be too powerful for many forms of external treatment, unless modified to suit the case.

And here is seen the advantage of the secondary rheostat, by means of which the dose is exquisitely regulated without affecting the interrupter, while regulation with a sliding coil or primary rheostat tends to affect the vibrator at once and causes variation and uncertainty. With an electrode in the palm of each hand and an E. M. F. of four cells, I have increased a very slowly interrupted high tension current through the secondary rheostat from a barely perceptible strength until the arm muscles were contracted clear to the shoulder without changing the rate and steadiness of the rheotome, or causing me any other sensation than that of motion. This current will produce vigorous muscular contractions in any part of the body with the same painlessness that is so remarkably characteristic of both the static induced and the sinusoidal currents.

Perhaps no operative feature of this battery gives greater satisfaction than the facility with which the switch changes may be made without shock or annoyance to the patient. If it is desired to substitute a shorter wire for a long one, or vice versa, or to switch additional cells into circuit, or to reverse the polarity, or, in fact, make almost any change in the treatment or dose, it may be made at will without withdrawing any spool, or selecting another coil, or stopping the battery to begin from zero again; and should the vibrator stop during treatment it can be set going without startling the patient. In batteries depending for regulation of current strength upon the sledge coil or primary rheostat such sudden fluctuations must be carefully avoided, as they cause the patient a greater or less degree of shock, and unless due caution is exercised in treatment, the patient often acquires a nervous dread of having the battery "meddled with" during an application.

All this is obviated in my improved battery, inasmuch as the secondary rheostat takes up the excess force of the blow and permits rapid fluctuations without discomfort. If the change is one which decreases the dose it will cause no sensation whatever. If it increases the dose the normal increase will be felt, but no startling surprise to the patient will accompany the change—and it can be made entirely imperceptible by first raising the secondary rheostat a trifle.

Among other distinctive features of the battery, the positive and negative poles may be reversed at will during treatment without removing the electrodes; the primary rheostat may be wholly or partly cut out of circuit as desired, and the secondary rheostat can by means of a separate switch be short circuited at will. Both the rapid and slow interrupters are actuated from a single magnetic field, and it requires but a minimum of adjustment to set in action either rheotome that may be required. The absence of any separate

coils to shift, exchange or slide on runners relieves the operator of a more or less troublesome detail, and removes a prolific source of aggravation to the patient. Upon the keyboard is a compound switch, by means of which the operator instantly selects the tension and length of wire indicated, or blends at will the influence of the primary with the secondary current. The portable dry cells can be instantly removed from the case, or replaced as occasion may require, a hinged door opening for this purpose. From one to four cells will usually furnish E. M. F. for ordinary applications. As these in time deteriorate from frequent use, I have caused two additional cells to be placed in this battery, so that, by employing these as reserve energy for exceptional cases, and finally to reinforce the cells which gradually weaken, the life of the battery will be greatly prolonged. It is presumed that the six cells contained in the apparatus will last for upward of a year in ordinary use, and new ones will then cost but a trifle.

The bright parts of the switchboard, which require occasional cleaning or polishing, are removable, as are also the tubes of the fluid rheostat. When, after some use, the platinum tips and interrupters become oxidized, they should be unscrewed and polished with a little Sapolio on a small piece of moistened cloth, or with a jeweler's buff; but never scraped with a knife, as is commonly done. The more carefully the vibrators are kept bright and free from tarnish, the more satisfactorily they will work. Whenever a black spot forms under the platinum ball, clean it off, even if it has to be done every day, and the rheotome will then perform its duty faithfully. If the interrupter loses its spontaneity of action, look for oxidation and remove it by polishing both ball and spring.

Owing to the importance of the subject and the length this paper has already attained, it will be necessary to reserve a full account of my voltage scale for dose measurement for a separate and subsequent article. In concluding this section, however, I wish to express my obligations to the Jerome Kidder Manufacturing Company, No. 820 Broadway, New York city, for their appreciative co-operation in experimental work and the thorough manner in which they have carried into effect my original designs for this faradic apparatus.

—44 West 46th St., New York City.

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NON-PARASITIC ORIGIN OF MALIGNANT DISEASE.

In a recent issue of the London Lancet Mr. Richard Bramwell, of Charing Cross Hospital, considers this subject at length, and takes the position that malignant maladies are in no sense contagious.

Of late years investigation with the microscope has been pressed with great zest by many eminent and enthusiastic savants, in search of a specific germ of cancer. But, so far, failure has been the invariable result.

Koch discovered and cultivated the specific baccillus of tubercle, and some believed that in many respects there was a close affinity in the clinical features of cancer and this lesion. On close examination, however, we will discover that clinically the dissemblance between the two is very slight. Both develop a cachexia, it is true, and are generally progressively fatal; otherwise, there is practically nothing in com-

mon between them. That tubercle may be propagated by infection is indisputable; but with cancer or that type of embryonic cell proliferation in the connective tissues, sarcoma, every attempt at inoculation has failed. Men cohabit with impunity when they are aware that their wives are suffering from uterine cancer. There are no definitely authenticated cases on record in which one has ever infected himself by handling cancerous specimens. Nor have we any proof that the disease can be directly propagated from the mother, through the fetal circulation. It not infrequently happens that a mother, the subject of mammary or uterine cancer, conceives and gives birth to a child, the disease, in the meantime, making steady headway, yet the offspring bears no evidence of the taint of infection.

In therapy we use a wide distinction between cancer and tubercle. In one, constitutional hygienic and climatic treatment may retard or wholly cure; in the other, no impression is made on the disease by either systemic remedy or regimens.

The cause of cancer remains an impenetrable mystery. The scientific field of recent years leaves this question where it was 25 centuries ago. However, one side of the discussion is definitely closed, viz., that it is not a germ disease and cannot be transmitted. The practical interpretation which we must apply to these conclusions is, that in this terrible malady our treatment must continue on empirical lines. It is puerile and futile now to talk of a local growth infecting distinct parts when we are without proof of the necessary elements.

Some surgeons, without any positive evidence of its parasitic properties, when amputating the mammary gland for cancer, carry the scalpel up into the axillary space and remove all the tumified superficial lymphatics. Had they been left untouched, as soon as the breast was removed, their tumescence will promptly disappear.

This practice always aggravates the danger of the operation, leaves a tight, contracted cicatrix in the axilla, which ties down the arm, strangulates the circulation, and soon leaves the patient in great distress, through pressure on the brachial flexus. But, worse than all, the additional mutilation makes no impression on the march of the disease, which is rather hastened than retarded by it.

BAR THEM OUT.

An interesting episode recently occurred in New York in connection with the investigation of the police department of a character calculated to attract the attention of that portion of the medical profession who are fain to hope that some slight shadow of ethical decency, independence and honor yet remains.

In the course of the investigation of the Lexow Committee, among others who have come into the dragnet of investigation was Captain Devery. In order to make a show of righteous indignation, if nothing more, the Police Commissioners ordered the captain to appear before them in order that he might explain away certain important accusations. But when the time for the hearing arrived a certificate came in from Dr. Wammack, a police official who had the captain under his care as his patient. The irate Commissioners now ordered the medical staff to appoint a special committee of their number to visit Captain Devery and verify the former physician's statement.

The police medical board, however, declined to take any such action, inasmuch as they regarded it as an insult to Dr. Wammack, which they believed it was their duty to resent.

In the meantime Captain Devery's family dismissed Dr. Wammack and employed a general practitioner in the neighborhood of where they reside.

The commissioners now ordered Dr. Wammack to visit Devery just the same, whether he was discharged or not. It seems now that the doctor, fearing the decapitating ax of the political boss, meekly submitted to their order for him to encroach on another doctor's case while his own conferees had so nobly placed the aegis of their protection but a few days before between him and a board of tyrannical superiors.

But when the weak and scared doctor arrived at the captain's house he was met at the door by Mrs. Devery, who warned him to keep away from the premises; that they had employed another physician, whose address she gave him, and suggested that he would no doubt give all the necessary information.

Dr. Ambrose Becker, the family physician, is said to be an honorable, upright practitioner. He immediately made a statement to Dr. Wammack and

cordially invited the doctor in to see the case.

But instead of doing this, a report was sent to the Commissioners, who then employed a professor and a specialist, Dr. Edward Fisher and Dr. Allen McLane Hamilton. Away they hied, stimulated, no doubt, by the hope of a fat fee from the public treasures. But did they first visit Dr. Becker, request his permission and state the circumstances under which they were employed? Not they. A professor or a specialist notice that nondescript, the general practitioner? No! no! Not in these days of progress. But when the Commissioners' weak-kneed, chicken-hearted subordinate reached the captain's house and announced the advanced rank of his companions, he imagined the door would fly open to receive them, but great was the disappointment of the trio when the fearless wife of the captain ordered them away.

When interviewed by the press it is said that Drs. Fisher and Hamilton sought to excuse their unprofessional and reprehensible conduct on the ground that they were not aware when they were employed by the city they were obliged to observe ethical lines. If this statement is true we would advise that before they do any more lecturing to students they diligently apply themselves to the acquisition of the first principles of the moral code.

Now we know nothing about the merits of Captain Devery's trouble with his department nor do we care, but when it comes to pass that any corporation, public or private, undertakes to instruct professional men in their duties to compel them to stoop to dishonorable practices, to ignore the rights and interests to their fellow-practitioners, then, indeed, the time has come for the whole profession to rise to protest against and condemn any members of it that will recklessly violate professional honor for the sake of a miserable pittance.

It is about time that the profession in America took concerted and aggressive action and came to some final settlement on the principle involved in this case of Devery's.

We are constantly being acquainted with cases of interference by police surgeons, fire surgeons, railway surgeons, lodge doctors, etc.

Professional honor, integrity and independence in all truth, we must admit, seems something of the past.

The profession is vastly overcrowded, the times are hard, and a decent living in the profession without "fakiring" or even resorting to practices with sometimes the color of crime is exceedingly difficult to realize.

In the "upper ten," who are fast and firm believers in a big show, grim want plays his harshest freaks, and to them a large prospective fee is like a red blanket before a mad Castilian bull.

The Medical Record says that the State of New York is practically disfranchised from official position in the American Medical Association because its State Society has no code but that laid down in holy writ. The Record must forget the New York State Association, which has the fullest access to the American Medical Association, as it recognizes the same organic laws. This body represents a very large number of able New York physicians.

Correspondence.

SHORTHAND IN MEDICINE.

Sir:—In order to promote the use of shorthand in medicine it is desirable that a list should be compiled of all those who use it. We would, therefore, ask each practitioner and student who is acquainted with phonetic shorthand to send his name and address to Dr. Neil, Warneford Asylum, Oxford, England. A printed copy of the list will be sent to each one whose name appears in it.

The preparation of a list of medical phonographers is intended as a preliminary step to such farther measures for mutual encouragement and help as may appear advisable.

W. R. GOWERS, M. D., F. R. C. P.
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Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

CRITICISM ON THE MANAGEMENT OF APPENDICITIS.

The first argument of the advocates of immediate extirpation is unquestionably, from a physiological point of view, a decided assumption of fact. The vermiform appendix, although its especial function in the economy of digestion has not yet been discovered, is a portion of the large intestine furnished with an abundance of glands and of absorbent vessels. Its orifice, under normal conditions, is patent, and hence the contents of the small intestines, almost immediately after their passage through the ileo-cecal valve, must constantly pass in and out of the appendix. It also has the power of peristalsis. With what show of reason, therefore, can it be said that this organ, as fully equipped for work as any other part of the large intestine, is useless? Furthermore, there is surely nothing either in the gross or in the minute anatomy of this organ to render it peculiarly liable to repeated attacks of inflammation de novo.

These facts dispose of at least two very powerful arguments brought forward by the advocates of immediate extirpation, and should establish the right of the appendix to at least respectful investigation instead of the impatient scorn and intolerance with which it has been considered by surgeons generally.

With regard to the other arguments, on both sides, it is merely a matter of personal education; for they are, in effect, assertions on one side and denials on the other. In this condition of things we see no relief until the coming of the disinterested and unprejudiced statistician.

One thing, however, is certain; that the opponents of the conservative treatment of appendicitis have done very serious harm to their cause by their extreme self-confidence, their intolerance and their boastfulness. It scarcely demands a prophet, we think, to foretell a very general repudiation of this operation, at least for most of its present indications, at no distant date. Whatever its actual merits may be, the practice of its indiscreet adherents will cause its condemnation.

It would naturally be thought that our recent severe lesson in the matter of Tait's operation and the present aspect of gynecologists crowding upon each other's heels in their haste "to put on record" the fact that they are now most conservative in the treatment of the uterine appendages would have made us rather cautious, at least for a time, in our investments in new medical crazes. But that is a curious trait in human nature which causes men to rush with an irrestible impulse to the top of a hill—metaphorically speaking—only to turn round with the crowd and rush madly down again. And it is this exhibition of human weakness which lends a touch of grim humor even to the most fatal of medical fads.

—Northwestern Lancet.

MANAGEMENT OF THE INTESTINE AFTER ABDOMINAL SECTION.

Drs. Skene Keith and George E. Keith (New York Journal of Gynecology and Obstetrics) says:

When the general condition of the patient is fairly good and the abdomen is not distending, and when there is not much colic, let things take their natural course. This advice holds for the great majority of cases.

When the abdomen is distending without a previous state of peristaltic action shown by much colic, and when there is a tendency to vomiting, give the mixture of magnesia until the bowels move.

Treat distention without colic or vomiting by the quinine injections.

Quiet excessive peristaltic action by small doses of morphine given hypodermatically.

For distention following excessive peristalsis, give a small dose of morphine followed in a few hours by castor oil or magnesia.

When there is septicemia, wash out the abdomen as soon as the condition is evident and treat as above.

Do not get into the habit of calling septicemia shock, exhaustion, or any such

term. Be content to believe that some mistake has been made in the antiseptic precautions and that additional care must be taken in the future.

THE RADICAL CURE OF HERNIA.

Dr. F. C. Larimore (Journal of the American Medical Association) says:

The operation for the radical cure of hernia is a safe operation. Mortality, 0.86 per cent.

The operation results in a permanent cure, relapses occurring in but 7.5 per cent. of the cases.

The operation should be made with the strictest aseptic technique.

Make a free incision over and with the long axis of the tumor, from without inward.

Open the sac and examine the contents deliberately and carefully, generally resecting the omentum.

Dissect up the sac, ligate its neck high up with a chain suture, and resect it below the suture.

Restore the obliquity of the inguinal canal by two rows of deep, continuous double sutures.

Close the integument with a buried suture.

For all sutures use kangaroo tendon, and do not draw so tight as to constrict the tissues.

Final dressing: Iodoform collodion.

Keep patient in bed from three to seven days.

Do not put on a truss.

FISH-BONES IN THE THROAT.

Dr. Adolph Rupp (New York Medical Journal) says:

The reasons for the impaction of foreign bodies, such as fish-bones, needles, pins and the like, are not to be sought for in the pharynx primarily.

Under normal conditions, the tongue, fauces and pharynx, in so far as deglutition is concerned, are perfect organs, looked at as a mechanico-physiological apparatus.

The primary and chief cause of fish-bones, needles, etc., being caught or entangled in the throat must be looked for in the bolus itself—the position of the fish-bone or needle in the bolus, whether lying deep or on the surface, the angle the fish-bone or pin occupies to the long axis of the bolus, and, besides, the varying and various forces that act on the bolus as it is forced toward the stomach.

Possibly the bolus leaves the tongue and descends the pharynx with a twist or screw-like movement.

The Falk-Kronecker-Meltzer conception of deglutition, based on experimental results, may be utilized in explaining how fish-bones become impacted in the throat—and these experimental results do not exclude the element of gyration as one of the forces that impel the onward-shooting bolus.

The epiglottis is an indifferent organ in so far as deglutition is concerned—also for foreign bodies.

Suits for malpractice continue to harass the members of the profession of medicine and surgery in various parts of the United States. Ability and skill appear to be no protection against these suits; but lack of funds—property—on the part of the physician is a sure safeguard against the annoyance and expense of defending such suits. We do not advise the doctors of Michigan to avoid accumulating property, but, if they can just as well as not keep themselves execution proof, they will sleep better and perhaps live longer .

—Detroit Emergency Hospital Reports.

LUCKY NUMBERS AND LUCKY MEDICAL STUDENTS.

Two French medical students, M. Gustave Lefilliatre and M. Georges Labey, had recently a letter from a solicitor named Leger, of Marines, Seine-et-Oise, stating that the late Dr. Dubois, a medical man at Chars, had left a will by which he bequeathed all his surgical and medical appliances, free of legacy duty, to two students obtaining their degree at the examination next after the decease of the testator. The two students selected were to be those who came out No. 14 and No. 84 in the list. At first it was thought the letter was a hoax, but the two young men went to the place indicated, and were there duly presented with an exceptionally fine collection of instruments and accessories of all kinds for division between them. They learned that their being specially chosen was due to the fact that that the deceased doctor had twice passed an examination, and that he had on those occasions been No. 14 and No. 84 on the lists.

—N. Y. Medical Record.

Therapeutics.

Under the charge of Louis Lewis, M. R. C. S., Philadelphia.

TRIKRESOL; A NEW GERMICIDE.

At the fourth meeting of the Association of Military Surgeons of the United States, held in Washington, May 1 to 3, 1894, attention was called to the valuable qualities of trikresol in general surgical work ("The Germicidal Value of Trikresol," by Walter Reed, Surgeon U. S. A.).

After briefly reviewing the various mercantile preparations of the coal tar derivatives, such as aseptol, creolin, lysol, solveol, saprol, etc., Dr. Reed called attention to Henle's painstaking investigation of creolin (A. Henle, "Ueber Creolin und seine wirksamen Bestandtheile," Archiv fur Hygiene, Band ix., 1889). Henle's observation that cresol, as well as phenol, dissolves very well in soap solution, was important; and especially valuable was his conclusion that the germicidal value of creolin was due to some body contained in the tar oil of which it is made, and which body stands very near to cresol. This appeared to be a legitimate deduction, for inasmuch as creolin contained so little phenol, and yet exhibited a high disinfectant power (staphylococcus aureus being killed in a half minute by a five per cent. aqueous solution), it should be directed to the insoluble hydrocarbons, the homologues of phenol, was natural that Henle's attention contained in tar oil.

Reed thinks that much credit should be given to Laplace, of New Orleans, for the work he did bearing directly on this subject. While working under Koch, in 1888, Laplace mixed equal volumes of crude carbolic and concentrated sulphuric acids, and found that he had thereby obtained a dark, syrup liquid, which was easily soluble in water and which possessed remarkable germicidal power. A two per cent. watery solution of the mixture destroyed anthrax spores in 72 hours, whereas a two per cent. solution of either carbonic acid or creolin was absolutely without influence. Here, then, was taken the first step in the evolution of the germicide which is at present attracting so much attenion in Germany. Carl Frankel's exhaustive review of Laplace's work (Zeitschrift fur Hygiene, Leipzig, 1889, Band vi.) proved conclusively that the body evolved and brought into solubility by mixing crude carbolic and sulphuric acids was none other than cresol, and not only confirmed Laplace's observations, but extended them considerably.

Arising from the important work of Laplace and Frankel, a number of investigations have been carried on, during recent years, in Germany, by chemists, bacteriologists and surgeons, growing out of the study of these higher homologues of carbolic acid—viz., the cresols. These differ from phenol by having one atom of hydrogen replaced by the methyl-group CH3. Thus, if we represent carbolic acid by the formula C6H5OH, that for cresol would be C6H4CH3OH. There are three of these bodies, known as ortho-, para-, and meta-cresol. The first two are crystalline bodies, the third appearing as a colorless, thickish fluid, whose boiling-point is about 201 degrees C.

Much difficulty has been experienced heretofore in trying to obtain these isomeric cresols in a pure state; but recently quite a step forward has been made in chemical methods, and they are now manufactured in a pure state from coal tar, the three being presented together and happily named trikresol.

The latter is a white liquid, of a creosote-like odor, specific gravity 1042 to 1049, and soluble in water to the extent of 2.55 per cent. Its solutions are clear, and unlike solutions of carbolic acid do not impart any sensation of numbness to the fingers and hands of the operator. It is also said to be less irritating to wounds than either carbolic or bichloride solutions.

As regards its great value as a germicide, Gruber (Archiv fur Hygiene, 1893, Band xvii. S. 618) and Reed bear strong testimony; one per cent. solution of trikresol kills the pyogenic cocci in watery

solutions invariably in half a minute. The same strength solutions in rich albuminous fluids require one and a half minutes to destroy staphylococcus aureus. Its action is thus seen to be unusually prompt, even in the presence of albumin, which is an important point in its favor as compared with the older germicides.

Finally, its poisonous qualities are rated as slightly less than carbolic acid; but since one per cent. solutions of this agent accomplish the work of five per cent. solutions of carbolic acid, the danger from poisoning is greatly diminished. We invite the attention of the profession to this new germicide, which, to us, appears to promise a wide field of usefulness in surgical and gynecological work.

—Therapeutic Gazette.

THE EMPLOYMENT OF FORMALIN IN CLINICAL PRACTICE.

The enormous antiseptic power of formic aldehyde solutions and their comparative non-poisonousness have indicated the employment of Formalin as a surgical disinfectant, and especially recommended it as an external remedy for lupus, cancerous affections, and in very dilute (half per cent.) solution for the irrigation of cavities.

The effect of the preparation upon the human organism was tried by Dr. Gegner in Professor Penzoldt's Clinic, at Erlangen, and solutions from ¼ to 25 per cent. strength employed as gargles and lotions in the mouth and throat. He came to the conclusion that Formalin was one of the strongest antibacterial remedies known, and that although in an undiluted state its vapors and local irritant action on the mucous membrane contra-indicated its use, he recommended the employment of 0.6 and 0.8 per cent. solutions as mouth-washes, and 2.5 per cent. solutions in skin diseases, such as psoriasis and lupus.

At the same time Professor Lehmann, after studying the properties and characters of Formalin, recommended it as the best and safest, as well as the cheapest preparation for disinfecting clothes, toilet articles and household goods.

Stimulated by these experiences, Dr. F. Winckel tried it in simple and gonorrhetic cervical leucorrhea, and has made use of it in a number of cases extending over the last 12 months. His results are published in the "Jubilee Festival Book" of the Berlin Society for Midwifery and Gynecology. In 155 cases treated, 6 ounces of a 10 per cent. formic aldehyde solution was prescribed with instructions to use two teaspoonfuls, or one tablespoonful, in a quart of luke-warm water for vaginal injections once or twice daily. With a tablespoonful (half an ounce) the proportion in the solution was, therefore, 1 to 10,000. Even in this dilution a slight burning sensation was frequently experienced by patients, but it was found that even a 10 per cent. formic aldehyde solution could be painted upon the mucous membrane of the cervix and uterus without the burning being more pronounced or any unpleasant feeling following. Combined injections into the uterus and painting of the cervical canal are only necessary in very persistent cases. In quite a series of cases patients suffering from sub-acute gonorrhea cervicalis have said, and it has been borne out by clinical observations, that with the use of the vaginal injections alone more excellent results were obtained in regard to swelling, reddening, hypersecretion and sensitiveness. Several people even affirmed from the very commencement of the treatment that they had never experienced so effectual an irrigation.

Where vaginal injections with Formalin do not suffice, ichthyol, tannin or other medicaments can also be applied, or 1, 2, 5 or 10 per cent. Formalin solutions painted on the uterine mucous membrane. The result is frequently astounding; the remedy is specially serviceable in all mycotic colpitis and endometritis, and in and around the womb; further in uterine hypersecretion accompanying benign growths (adenoma, myoma) whilst in malign sarcoma and carcinoma it decreases secretion and pain. Its greater advantages are that:—

It is comparatively cheap.

It is effective in very dilute solution (1:10,000.)

It is odorless in the dilution of 1:10,000 to 1:1000.

It is very easily soluble.

It is not poisonous, and it is easily carried about by a practitioner, as a small quantity goes a long way.

Dr. Winckel, however, recommends that only the above small doses should

be employed for vaginal injection at the outset, as strong solutions produce pain, and symptoms of irritation appear. The more concentrated solutions, however, can be employed for cauterizing around ulcerous surfaces and small mucous patches, while half to ten per cent. solutions are recommended as a disinfectant wash for the hands.

With regard to the employment of formic aldehyde as a hardening agent for animal tissues, Mr. Eccles, of the West London Hospital, calls attention to the usefulness of this adjunct in pathological and histological work. From his experience formic aldehyde in 40 per cent. solution for very soft tissues, in 20 per cent. solution for firmer, and in 10 per cent. for quite firm material acts as a most rapid and satisfactory hardening agent.

As has already been pointed out, however, although hardening is effected very rapidly by such concentrated solutions, the preservation of anatomical specimens, especially for microscopic examination, is better effected by a longer immersion in solutions of three-quarters to one per cent. strength.

—The Therapist.

HYSTERICAL MUSCULAR ATROPHY.

Hirt observes that hysteria may give rise to muscular wasting, usually one-sided, but occasionally limited to the area supplied by a single nerve. Sensation varies in these cases; sometimes the author has found it normal, more often altered, especially in regard to touch and temperature. Only twice was there hemi-anesthesia. The author speaks of a general wasting in hysteria affecting all the voluntary muscles. All other causes of wasting must, of course, be excluded. In three such cases, all fatal, the patients were women. In the last one, reported in detail, the disease lasted only two months, and produced almost a complete disappearance of the muscles. In an epidemic of hysterical spasm among girls in a school, the patient in question, aged 15, had suffered severely, but recovered, apparently, completely, in a few months. Some three months later she began to suffer from bodily weakness, dullness and desire to sleep. She was excited at times, did not wish to leave her bed, and refused food. There was no evidence whatever of organic disease, and she was at one time thought to be simulating. The wasting, however, was striking, and when seen by the author she presented the appearance of the most marked muscular wasting. There were no signs of tuberculosis, diabetes, etc. The R. D. was absent and the opening and closing contractions were very prompt. There were no fibrillary contractions. Death occurred shortly afterward.

—Deut. Med. Woch.

President Eliot, of Harvard, in the Boston Medical and Surgical Journal, says that he has often felt the wish that medical schools in general, and those of Massachusetts in particular, were producing more country doctors. "The country doctor should be given the chief place. He needs a better education than the city doctor. He has no specialist at his elbow. He must know himself and act himself. The training of the country doctor is important and needs to be developed, for he is more than a physician. He is a missionary. He is a social reformer—a sanitary reformer. He brings to his community the scientific spirit, a most valuable and important thing. The country doctor has one immense privilege and great happiness for his comparative isolation, that of living in the country, an inestimable prize for himself and for his family—as one who from long observation of where the most promising students come from can testify."

In the first settling of a new country, the physician has the opportunity for exerting a moulding influence upon the community that will last as long as the community lasts. His superior intelligence and mental training, aside from his work as a doctor, fit him for such duties. We have often traced this influence in old settlements back to the first physician who settled in the wilderness or on the plain.

Such considerations as these bring out in bold relief the necessity for inducing the student who intends to live as a country doctor to obtain the highest preliminary training and the best professional acquirement, including if possible a hospital service. Thus equipped he will be able easily to exert a kingly influence in all directions over his clients, ruling them in the interests of wholesome lives.

—American Lancet.

Electro-Therapeutics.

Under the Charge of S. H. Monell, M. D., 44 West 46th St., New York.

It should always be remembered that, in using the galvano-cautery, it is the cherry red heat that prevents hemorrhage, but it is also best to use the ordinary jewelers' binding wire for your knife.

Recently Professor Friedenwald, of the College of Physicians and Surgeons in Baltimore, by passing a small electric lamp into the stomach of a patient, in a darkened room, was enabled to show the workings of that organ through the transparency thus produced in the abdominal wall.

The subject of electrical reactions and their value in diagnosis and prognosis were brought up for discussion at the February meeting of the New York Neurological Society. Erb's discovery was thought generally to be brilliant and valuable, as the reactions were not so uniform as they were at first supposed to be. A loss of reaction to the faradic current in a paralyzed muscle means a lesion in the peripheral nerve or the cells from which the nerve fibres originate which supply that muscle, and the muscle will atrophy, and recovery will only take place where reparation is made. No certain light for prognosis is thrown by the nature of the reaction. —Ex.

Dr. Plym. S. Hayes, of Chicago, has found a way to obviate much of the pain after treatment by the Apostoli method. He has devised a new intra-uterine electrode of platinum, spiral, with a stilette in its centre. By its use the gas is allowed to escape from the uterus during treatment.

Louis Fisher, M. D., in a paper read before the Clinical Society of the Post-Graduate Medical School of New York, says that in 1886 Professor Henoch reported the favorable results of a grave case of diphtheria treated by means of the galvano-cautery and gargles of ice water. The application is said to be painless, and the false membranes roll up and fall off at its very touch. The membranes do not reform, and the diphtheric process does not extend, the glandular swelling and the fever rapidly subside. In from eight to fourteen days the slough comes away and a healthy ulcer only is left.

ELECTRICITY AND SPIRITUALISM.

There is not the least evidence to show that electricity is thus employed; on the contrary, there is every evidence against its presence. The most delicate instrument for the detection of that force, which would show its presence when so light as scarcely to affect a thistledown, is unaffected. The table, however violently moved, is not electrically excited, and the medium, writing or entranced, gives no indication of the force. It would be impossible for the human organism, constituted as it is, to generate an electric current.

Hence all the theories of spiritual phenomena, taking electricity as the cause, are untenable. That spiritual beings have any more direct connection with that force than mortals is also a groundless supposition. It has been said their celestial bodies were formed of elctricity, as though it was a material substance, while it is without the least substance, being a force like heat or light.

Electricity can play no more important part in the spirit spheres than on earth, and in reality it belongs as an expression of force to this material sphere, and in the spirit world is represented by far swifter and more powerful forms of energy, as the celestial substance of that world is more sublimated and refined.

INTRA-UTERINE ELECTRO-THERAPEUTICS.

Dr. Apostoli asserts that intra-uterine electro-therapeutics (galvanism, faradism or the sinusoidal current), skillfully and patiently applied, deserves to remain at the head of gynecological conservative therapeutics.

Miscellany.

MEASLES AND PREGNANCY.

S. Remy (June, 1894) relates a case in which a pregnant woman, who had not had the disease in childhood, contracted measles during an epidemic after nursing two of her children through an attack of the disease. The attack in the mother, as in the children, was mild. On the evening of the second day of the eruption she had an attack of colic followed by copious action of the bowels. On the afternoon of the third day of the eruption she began to have labor pains, and in the evening the fetus was expelled en bloc in the membranes. The infant lived for a few minutes. The mother made a good recovery, the lochia were not excessive, and involution of the uterus proceeded in a normal manner. The pregnancy had lasted five months and ten days (from the last menstruation). Remy observed that for the whole product of conception to be thus detached during the six months uninjured, and containing a living fetus, is very unusual, and points to some special pathological process affecting the mucous membrane of the uterus. He suggests that measles may act upon the uterine mucous membrane as it does on that of the eyes, nose, pharynx and bronchi, causing an inflammatory congestion similar to that which occurs in variola. The abortion occurred in this case at an earlier stage of the attack of measles than in most of the scanty number on record.

—Arch. de Tocol. et de Gynec.

TREATMENT OF LEAD POISONING WITH MONOSULPHATE OF SODIUM.

Dr. Peyson gave thirty centigrammes of white lead to two dogs every day for twenty-three days, and then one gramme per diem for fifteen days, with the result that the urine contained only traces of lead. One dog was extremely ill; to it was administered a gramme of monosulphate of sodium a day, with the result that it was well in eight days. Both dogs were then killed, and on analyzing their livers it was found that the animal which had taken sulphate of sodium had only traces of lead in its liver, while the liver of the untreated dog contained large quantities of lead.

—Journal de Medecine de Paris, vol. i. p. 205 1894.

Prescriptions.

FOR CONDYLOMATA.

R Acidi Tannici, Hydrargyri Subchloridi, Amyli, partes equales.
Misce et fiat pulvis.
Sig. To be dusted on the affected parts.

FOR TAPE WORM.

		gram.
R	Pellet Tannatis gr. x.....	65
	Spt. Rectfi. oz. i.....	30
	Glycerini dr. ij.....	8
	Tinct. Aurantii dr. i.....	4
	Aque ad oz. iij.....	90
	Misce et fiat haustus.....	

Sig. Half to be given early in the morning, to be repeated in half an hour, and to be followed by a dose of castor oil.

FOR CHRONIC ECZEMA OF THE LEGS.

R Unguenti Zinci, Unguenti Hydrargyri, Unguenti Plumbi Acetatis, partes equales.
Misce et fiat unguentum.

POWDER FOR SPASMODIC ASTHMA.

R Lobelie pulv., Stramonii pulv., Theae Nigrae pulv., Potassi Nitratis, aa partes equales.
Misce bene et fiat pulvis.
Sig. A little to be burned and the vapor inhaled.

FOR IMPETIGO CONTAGIOSUM.

		grams.
R	Ung. Hydrar. Ammon. dr. ij...	8
	Ung. Zinci ad oz i.....	30
	Misce et fiat unguentum.....	

Sig. To be applied after the affected parts have been soaked in carbolic oil.

APPLICATION FOR FOUL ULCERS.

		grams.
R	Amyli oz i.....	30
	Glycerini oz 2.....	60
	Liquoris Iodi oz. i.....	30
	Aqua oz. 2.....	60
	Misce et fiat applicatio.....	

Sig. To be applied twice daily.

FOR ECZMA SEBORRHEICUM.

		grams.
R	Acidi Salicylici.....	
	Resorcin.....	
	Sulphurus Precipitati, aa gr. 1½.....	6
	Adipis Benzoati, oz. i.....	30
	Misce et fiat unguentum.....	

Sig. To be efficiently applied to the affected parts.

—The Practitioner.

Notes by the Wayside.

BY ERNEST B. SANGREE, A. M., M. D.,
PHILADELPHIA.

I have lately had two cases in which, though a suspensory was badly needed, the ordinary support of the stores was of no use on account of its size.

In each of these men there had been a hydrocele, which was tapped; but there still remained a redundancy of tissue about the scrotum that made it too large to go in an ordinary suspensory, and also left it so large as to be to the owners a painfully conspicuous object.

Upon consulting my friend Dr. G—, he suggested the German army support. This has proved so eminently satisfactory in my two cases, and is in every way so superior to the trivial suspensory, that I want to call particular attention to it.

This support is triangular-shaped, pouch-like, and amply large. In the centre is a round hole through which the penis is passed, and it in turn is supported by another piece, sewed to the first below and buttoned by a single button above. The whole is fastened around the waist and around the thighs.

My friend, Dr. G.——, who is an old army surgeon, was so enthusiastic about these supports that he had gotten one for himself and maintains now that everybody ought to wear one, referring of course, only to the sterner sex. His claim is that with the support a man can hold himself erect and walk much easier, and incidently in the conversation he added that one becomes more amorous.

If this latter statement be true, which somewhat doubt, it might be taken advantage of in the treatment of partial and complete impotence.

Codliver oil in the abstract needs no praise, its position is too well establised; but considered in the concrete, the matter is quite different. Many cannot take it plain on account of the sickening odor and villainous taste, and they must compromise on an emulsion.

These are generally unsatisfactory, both because the agents employed throw extra work for the digestive organs instead of assisting, and because one must take so much to get so little. "When you're a married man, Samivel," said the elder Weller, "you'll understand a good many things as you don't understand now; but vether it's worth while goin' through so much to learn so little, as the charity boy said ven he got to the end of the alphabet, is a matter o' taste. I rayther think it isn't." Parke, Davis & Co., however, have out a new oil, which, though a pure oil, is surprisingly palatable. They sent a little sample the other day which I took at a draught, and found so much to my liking that had it been winter instead of summer, I might almost have been tempted to ask for a large bottle to use as a beverage.

The taste of codliver oil, by the way, whether plain or in emulsions, can be greatly lessened if a clove be chewed up a minute or two before taking the dose. The pungency of the clove seems temporarily to paralyze the function of taste, and the oil slips down almost unheeded.

"De las' sickness I hed, sah, was de purified sore throat," was the hearty response of a colored dispensary patient recently to an inquiry as to his latest trouble.

Some Western physicians are so polite as to come dangerously near the ludicrous. In the report of a case one of them courteously refers to the patient as "Miss Lottie S., aged 7 years."

Those who chew gum need no longer fear ridicule for the idiotic looking habit. The enterprising gum makers, to be abreast of the times, have put a little pepsin in the wad and now advertise the stuff as a cure-all for the whole train of digestive disorders.

At an open air entertainment some evenings since, I was much amused at the cries of a hawker as he went his rounds: "Only 5 cents a package for the pepsin chewing gum; it is the antisepticon."

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Original.

THE EVOLUTION OF SURGERY.*

By GEORGE G. HOPKINS, A. M., M. D.,

Brooklyn, N. Y.,

Surgeon to St. John's Hospital, etc.,

The first dawn of the science of surgery is discovered among the Aryans, the people who are the progenitors of all the most intellectual of the nations.

It is among the writings of the Hindu Brahmins that we find the earliest records of surgical procedures. These books date from 2000 to 3000 years before the Christian era. It is evident from their writings that human dissections had been practiced in even earlier times, as at the date of these writings they were prohibited.

The Vaidya or medical students were instructed by a Guru as to the best means for "aiding the wounded and deformed;" they studied seven years. These teachers were limited in the number of their students, not more than twenty being permitted to attach themselves to one instructor.

The teaching was oral and clinical, the students accompanying the practitioner on his medial visits.

We can picture these Oriental students, dressed in the many-colored and flowing garments of the East, hastening from different parts of the village, in the early morn, to a knoll outside, (as was required by the shasters,) overlooking the sea and the fertile plains around, rich with growing grain and decked with its myriads of tropical flowers. Seating themselves on the greensward about their Guru, under a luxurient mango tree, in the dense shade of its beautiful bright green leaves, impenetrable to the rays of even a tropical sun, inhaling the sweet perfume of its flowers and perhaps dining on its fruit, refreshed by the breezes of the sea, while drinking in wisdom from the lips of their teacher.

We read that he instructed them in operations on the bladder, the eye, the ear and nose and in the treatment of deformities. From this we would infer that many other operations were understood. Their surgical instruments were numerous and their surgical appliances probably many.

The Buddhist monarch, Asoka, 500 B. C., caused to be inscribed on the native rock in Gazerat an edict directing that hospitals be established on all the highways of his kingdom. They were to be supplied with resident physicians and

* Read before the American Academy of Medicine at Jefferson, N. H., August 29, 1894.

furnished with every known drug. They were also to have a resident surgeon and the surgical department was to be provided with every known surgical instrument and appliance. The Buddhist did not invent anything, but absorbed readily the learning of the Hindu Brahmin.

Nearchus states that when Alexander invaded India he found the Hindu physician far more skillful than the Greek.

Texiles sent to Alexander among other things "a physician of such skill that he can restore the dead."

It is probable that all the medical knowledge of the Arabians was derived from India. Many think that Greece was a pupil of Arabia in medicine.

He whom we are accustomed to denominate as "the father of medicine," the Great Hippocrates, must have derived much of his surgical knowledge from earlier writers.

His "Ooath," which is our own only embodies the sentiments to which the Hindu student subscribed 2000 years or more before his day.

Herodicus, one of his preceptors, who was a man of delicate health, is said to have prolonged his life by "systematic exercise and a regulated diet." He was upbraided by Plato for interfering with chronic diseases.

The "Father of Medicine" devoted much time to the study of surgery.

In his third book, The Aphorisms, there are many surgical truisms, viz.: Stupor or delirium, coming on after a blow on the head are bad, etc., etc. The surgical books are: On Articulations; On Fractures; On Instruments for Reducing Dislocations; On Injuries of the Head; On Ulcers; On Fistula; On Hemorrhoids; On Anatomy; On the Nature of Bone, etc. He is also, by some, said to have written a treatise On Dangerous Wounds; and, On Missiles and Wounds. In the reduction of many dislocations we have not improved on his methods and suggestions even at the present day.

In dislocations of both the shoulder and hip he seems to have taken advantage of any aid the muscles could give in securing reduction.

In all dislocations his treatment is rational, and coincides very nearly with the treatment as at present practiced.

Seventy-five years later Aristotle wrote several works on human and animal anatomy, and many points are evidently with a view to the study of surgery.

Herophilus of Alexandria (which Greek learning had been transferred in the latter part of the 4th century, B. C.) was an anatomist of great ability. He dissected the human body both dead and alive. For the latter purpose criminals were given to him for subjects. These he dissected alive. The names of manay anatomical points to-day are those which he gave to them. He called attention to the pulse as varying in health and disease; and also that the pulse was due to heart action. He knew the course of the lacteal vessels and their connection with the glands of the mesentery. Surgery must under these circumstances have been an exact science in Alexandria 2000 years ago.

With the burning of the great Alexandrian Library by Caesar, surgery received a fatal blow. How soon the darkness closed in we cannot tell, yet much of their learning is ours to-day.

Next the seat of medical and surgical learning is transferred to Rome. In the first century of our era there flourished in the Eternal city Aulus Cornelius Celsus. In his teachings he followed Hippocrates closely. In the portions of his works relating to surgery he has followed closely and preserved carefully the opinions of the Alexandrian school of medicine. He wrote eight books on medicine and surgery, the two last being devoted entirely to the art of surgery.

In passing we should mention Meges, a surgeon of Rome in the times of Celsus. He was the inventor of a double-cutting gorget, for incising the neck of the bladder in operating for stone in the bladder.

Celsus was an accomplished surgeon, and performed many and various operations. He did the couching operation for cataract. He trephined the skull. His directions are explicit. He mentions the two tables. He treats of fracture of all the bones. The removal of dead bone and curetting of diseased bone cavities. He taught the radical operation for varicose veins, and numerous other bold operations.

Galen—Claudius Galenus—does not seem to have been an originator, but a compiler, with a genius for selecting and utilizing the best methods of others. If this be so he is one of that class of men who are more useful to the human race than many an inventor, having the faculty of selecting the good, and making

it practically useful to the community at large. His works number more than 500.

Galen flourished in the middle of the second century of our era. Surgery owes to him undying honors.

Galen's works furnished the text books for surgery and medicine for 1200 years. He advised the ligation of the arteries in severe hemorrhages.

The Alexandrian library had again risen to importance after its destruction by the burning of Caesar's fleet, when it contained 700,000 volumes.

The new library was founded by Anthony's gift to Cleopatra of 200,000 volumes and in 640 A. D. had increased to a number exceeding its largest proportions in former times. In that year the city was taken by the Saracens and much of the library destroyed. But a large number of the medical and surgical works were saved and were translated into Arabic and furnished the basis of surgical science in the East while the West was to lie in darkness for 900 years.

Rhazes was the greatest light among the Saracen surgeons. He was an originator as well as an absorber. Among his inventions was a catheter made of lead, which could be used in different cases.

Surgery was now to be brought back to Europe by the Moors of Spain.

While Christendom lay in mental darkness the Moors of Spain were a literary people, versed in all the sciences and boasted of many renowned and skilled surgeons.

By contagion surgery was creeping into Christian Europe. In the year 1517 Ambrose Pave, "the father" of modern surgery, was born. Until his time, in Europe at least, surgery was not a science. Until he re-discovered the use of the ligature and demonstrated its utility modern surgery was impossible.

Being a man of original mind and having his faith shaken in the methods then in vogue for restraining hemorrhage he determined to try the ligature. He found its application such an improvement on the older methods that in 1564 A. D. he published a work "on the deligation of the arteries." He advocated three methods of applying the ligature.

Two hundred years and more were to pass by before this great step in advance was accepted by the profession generally.

At the beginning of the present century Desault proved by experimentation that the safety of the ligature depended upon its being drawn sufficiently tight to rupture the internal and middle coats of the artery.

After the ligature came a more rational treatment of wounds.

The next step in the onward movement was the invention of the tourniquet by Petit. And to open the way clear for the triumphs of nineteenth century surgery came the boon to suffering humanity of anesthesia. It has saved, oh, how many lives, by permitting operations that before its advent were impossible. It has eased the sufferings of millions of the human race.

Step by step the advance goes on. It was in 1809 Dr. McDowell did his first ovariotomy.

The discovery of chloroform by Sir J. Y. Simpson was not so important as his experiments with acupressure as a substitute for the ligature, that we might rid a wound of foreign substances at as early a date as possible.

This I regard as the first step of this century in the direction of antiseptic surgery, probably the most important advance since Pave's discovery three centuries before.

Acupressure never obtained general acceptance, but it turned investigation into the proper channel.

Another stride in surgical procedure was made by that prince among men, J. Marion Sims, when in 1852 he published his methods for the cure of that distressing condition, viz., vesico-vaginal fistula.

In the early part of the century surgery boasted of many skillful masters of the art. These men pushed investigation along so many lines that it would be impossible to trace them within the limits of this paper.

The sky brightens with the dawn before the full glory of the sun bursts upon us.

In February, 1836, Amussat reported to the Royal Academy that in amputating the neck of the uterus he found it impossible to apply the ligatures to the bleeding vessels. In his desperation he twisted them and readily controlled the hemorrhage. This statement led to numerous experiments which demonstrated the safety of torsion.

In 1871 the author made some extended experiments in reference to the safety of torsions in the larger vessels. He twisted the abdominal aorta of several recently dead subjects (within 12 hours), and, by twisting them and testing with a column of mercury contained in an instrument which he devised for the purpose, in every instance the torsed end resisted the force up to the rupture of the vessel. In smaller vessels the result was the same.

The more rational treatment of wounds, that had been gradually evolving itself out of the barbarous methods against which the immortal Pave rebelled, led to a desire to remove every irritating substance from the fresh wound, hence the desire to dispense with the ligature. The object aimed at was to secure primary union of incised wounds.

Pasteur's careful experiments conducted through a series of years, in combatting the statements of Pauchet, who in this century endeavored to sustain the theories of Needham, have been of inestimable value to modern surgery. Step by step he has fought the autogenesist theory, each claim set up by its advocates as established he has attacked fearlessly, and in every instance shown them to be fallacious.

Following on this comes the germ theory of infection of wounds. This theory is to-day accepted by the surgical profession of all lands. That the germs are directly or indirectly the cause of disturbance in the healing process there is no question. But whether it is their actual presence or that of their secretions (the Ptomaines) we do not feel so confident about It is the serpent's venom that poisons, not the serpent; destroy the venom and he is harmless.

We find bacteria in healthy wounds yet inert. We find them alive in some of our most satisfactory antiseptics. The question arises, have we in theory arrived at the exact causes of disease in wounds? We certainly have the preventive remedies, which is far more important.

We have led up now to a period which was to bring forth a man who was destined to revolutionize the whole practice of surgery, in regard to its therapeutics. The name of Lister will ever be hailed as that of one of the greatest surgical geniuses that the world has ever known.

With the perfection of the aseptic catgut ligature he was enabled to secure an aseptic wound. His dressings were prepared with great care and applied with equal caution.

The attention to drainage and the disposition of the secretions, so as not to interfere with union, evinced great thought and skill.

Many modifications of his methods have taken place. Sterilization of ligatures and dressings by heat has displaced many antiseptics. Sterilized water in many cases supersedes antiseptic solutions.

The care of the person to be operated upon and of those operating is not the least gain which surgery owes to Joseph Lister.

And what does all this signify?

A vast field of remedial surgery has been opened up which, previous to the times of anesthetics and antiseptics was a terra incognita.

The reduced mortality after established operations of the old regime would result in the saving of more lives than all the advances that had been made in the previous 300 years.

In surgery of the brain how the cases multiply in which we can save human beings from the doom of a half-animal existence!

In the regions of the joints with what safety we can operate, where surgeons of the last generation said beware!

In abdominal surgery how great the triumphs of aseptic surgery have been!

What portions of the body may we not now penetrate with the remedial knife with comparative safety? The mortality after major operations is less now than it used to be after minor.

There may be one drawback to this safety in operative procedure; that is that we may be induced to operate more often than is absolutely necessary.

But the surgeon who raises his knife to penetrate any portion of the human body without due consideration and a strong conviction of the necessity therefor is unworthy of the great profession whose name he bears.

It seems hardly possible that the author could have penned the following words in his maiden medical paper in 1871, when he had more time than patients: "We may hope that the day is not far distant when union by the first intention will not be an uncommon occurrence."

Society Reports

CINCINNATI OBSTETRICAL SOCIETY, JUNE 14, 1894.

CASE REPORT—DR. PALMER.

Mr. Chairman:—I will report to-night a condition which has happened to me several times, twice in the most marked manner, within the last six or seven years. We all recognize that erosion, granular degeneration, eversion, enlargement and thickening of the cervix uteri, with cystic degeneration, are by no means uncommon. We see them very often, indeed. Those conditions almost invariably are engrafted upon or follow a laceration of the cervix. This is true to such an extent that I have placed myself in a rather unpleasant position on one or two occasions by announcing that a certain party must have given birth to a child. By certain conditions of the cervix alone we can say unmistakably that parturition has taken place.

But what I want to refer to to-night is not that, but viz., the presence of erosion and degeneration, with marked enlargement, thickening and hardening, with erosion, as present in the virgin. Some six or seven years ago I operated upon a virgin in this city in good circumstances, and I think there was present at that time Dr. Zinke. The conditions mentioned were present, and I performed Emmett's trachelo-plastic operation. I made it very much as I would for laceration of the cervix, taking out some of the hyper-plastic tissue from the averted cervix. This girl became well. I never had a bit of doubt about her virtue. Recently I performed the same operation upon another virgin, after topical treatment had failed. I simply excised two wedge-shaped sections from the anterior and posterior lips with Skenes' scissors, which I think very good scissors for some purposes. They make a symmetrically formed excision, better than do the ordinary scissors. After removing the pieces the two surfaces were brought together with silver wire sutures.

I would like to ask if any person present has ever seen these conditions in the virgin, from chronic cervical endometritis, where you would not suspect laceration from parturition.

DISCUSSION.

Dr. Jones: Mr. President—I had a case five years ago in St. Mary's Hospital of a young girl 16 years of age, and when the examination was made in that case it looked as the doctor has described. I questioned the girl very closely, but she denied everything pertaining to the possibility of pregnancy. I treated her for some three months, and had the satisfaction of seeing her return to a pefectly natural condition. There was a great deal of hardness at the time from induration, but there was none of the cicatricial tissue the doctor speaks about. There was the ordinary discharge and the eversion of the lips. It looked like one of those cases in which we would be justified in making the operation, but under treatment it returned to a perfectly natural condition.

Dr. Johnstone: "Mr. President—I only heard the latter part of the report, but the case seems to me very much like one mentioned by Emmet in one of his earlier writings—the first edition of the book. A young girl came to him whom he had known all her life; she was a daughter of a neighbor just across the street. Upon putting her upon the examing table he found that the cervix was all everted, and presented all the symptoms of ectropium. He made up his mind that the woman was not a true virgin, and he was going to discharge her, but when he finished the examination she asked him the result of it so innocently that he had not the heart to discharge her. He treated her with hot douches, and with the return of circulation in the broad ligament the ectropium was everted, and the whole thing disappeared.

So, Mr. President, anything interfering with the return of the blood, there is likely to cause an ectropium; it is a thing I have treated several times in young girls. It has been my fortune in late years to have a number of girls under 18 years of age, for treatment, and I have never had to resort to resection of anything, but the endometrium. I never treat them with more than one or two applications after correction. It is by no means rare to find the cervix thickened and very flat, and they stretch very readily; an old cicatricial tissue in a multipara is very apt to be tough and hard to tear. A subevoluted uterus is easily stretched, and the same is true in the young girls. The tissues are infiltrated with serum. In my experience the best way to get rid of is it by a thorough curetting and encouraging the flow for six days afterward. As soon as I find a case I put the patient to bed and curette with a bone gouge, and cut out the whole of the endometrium; but we should be very, very careful about the cervical endometrium, and be sure after curetting above the internalos, to also give the rest a thorough curetting. I have never found one that was not benefited very decidedly by this, and ninety-five per cent. of them are cured. I have given up local treatment entirely, except in those cases where there is an old tear. You will sometimes find the infection is deep seated, and this is caused by the remaining of some glands; touch it up with a mixture of acid and glycerine, half and half, and they will disappear. The time is coming when we will have to give up office gynaecology; the first laparotomies were often due directly to office gynaecology.

Dr. Palmer: I think Dr. Jones must have misunderstood me in reference to one point. I did not say there was any cicatrical tissue in either one of these cases. There was considerable hyperplastic formation from a parenchymatous inflammation.

OVARIOTOMY AND NINE DAYS' TREATMENT WITHOUT MORPHINE.

Dr. Ricketts: Mr. President—I am frank to confess that the case was not diagnosed until the abdomen was opened, as strange as it may seem after looking at this specimen. The patient was a lady 47 years of age, unmarried, who consulted me about two weeks ago. There was swelling of the lower extremities; the menstruation had ceased about two or three years ago, and, as the patient expressed it, there had been a tendency for it to return in the last six or eight months, although not regularly. She said she experienced no trouble during her menopause, and for three months the pain in the abdomen had been very severe, so much so that hypodermics of morphia had been used by the attending physician almost daily.

I made a very close examination. Everything was tense and firm; the tumor could not be rotated; I could not make out satisfactorily to myself fluctuation, and there had been some little fever along, so the physician told me. I must confess I was at a loss to know what I had to deal with. I advised exploration, and nine days ago to-day the abdomen was opened and the tumor punctured, and delivered in a very short time. I found peritonitis over the entire anterior surface of this tumor, and adhesions which readily broke up after introduction of the hand. I was very glad to have the case turn out as it did. Whether the specimen is papillomatous or not I will not say. She has not had a bit of morphia since the operation, although she had used it almost daily for several months. The contents of the sac were very dark; the tumor was not rotated, the pedicle was rather short, but there was not experienced much difficulty in the application of the ligature. It has been my rule to get along in these cases without morphia if possible, and in this case the patient began to eat on the third or fourth day. The conduct of the case has been all that I could desire. I was unfortunate enough to have some of the contents escape into the abdomen, and there was peritonitis present, and for the latter reason I washed out the cavity. The patient was a very sensible lady, and, while she took morphia for pain almost daily for some time, yet she had will power enough left to get along without it.

A paper was read entitled:

"THE EARLY DIAGNOSIS OF CANCER OF THE UTERUS, INCLUDING THE TREATMENT," by Dr. Ricketts.

DISCUSSION.

Dr. Johnstone: Gentlemen—This is a most important subject, and I know every one of you are sitting here thinking of cases. I was thinking of a case that I saw years ago, before such a thing as total extirpation of the uterus was even thought of; had we known then what we know now, the life of that patient would probably have been prolonged, but I doubt whether it would have been saved. I speak of it to illustrate the rapidity of growth. I saw the case in 1884. The patient was large and fleshy, and had no constitutional symptoms of any description, but had a pain about the uterus. I found what I thought was a little fibroid of the uterus. In less than a week I saw her again; she had a little hemorrhage, and sticking in the mouth of the uterus was a little polypus. Microscopical examination showed it to be cancerous. In less than three weeks it had filled the cavity. It was a simple, ordinary carcinoma. The thing to do in carcinoma, Mr. President, is to remove it as clean as you can. However, it is so insidious that sometimes before it breaks down or there is any smell the case is gone, and you will find it involving the lymphatics and almost in a hopeless condition. If the patient is a little stupid and pays no attention to herself, the slight symptoms may be overlooked and you will not be called until it is too late. That has been my experience, and I suppose always will be the experience of all of us.

Some of you know, Mr. President, my ideas about carcinoma. It has been a fad of mine for some time, and my ideas have crystalized down to the view that it is due more to the failure of the trophic nerves than to anything else. You know they are totally different from the adult tissue, and it is a trite saying that carcinoma is simply a return to the fetal state. Years ago I studied this in the lymph glands, and it is really beautiful to see that the transformation of them is very similar to the process of the manufacture of bone. After studying it all over I have come to the conclusion that it must be some failure of the trophic nerves. I remember about a year ago, while walking home from the Academy with Dr. Conner, after a discussion in which there had been nothing said as to the cause, I suggested this idea to him, and he said, "Yes, and you will see more than that if you study your cases closely. You never saw a case of cancer in your life that was not preceded by some nervous strain. This is frequently the death of a husband or child, or financial reverses." And he quoted Grant's case as an example, where he had climbed to the highest pinnacle in the United States, and his son had wrecked him, and he said, "That is a typical case of cancer, and you will always find them preceded by some terrific nervous strain." So I believe, Mr. President, that carcinoma is due, and sarcoma to a certain extent, too, to a failure of the trophic nerves, that this storage battery is exhausted in old people, so we do not have the central control. The cancer is found in the remnants of the fetal structure; in the ovary it usually occurs in hilum, which is really the remnant of the second set of kidneys, which should have shrunken up and been only scar tissue. However, there is where the carcinoma is likely to

appear. In the uterus it is in the cervix, just after the uterus passes out of its usefulness. The same way with the breast, where it is most likely to occur at the menopause.

There is another thing you may urge upon the etiology of carcinoma. I remember years ago as a boy one thing that I read in either the London Lancet or British Medical Journal that gave a clue to the development of carcinoma. Some surgeons of the British Army, in the foothills of the Himalayas, came in contact with the Hindoos. In their clothes they have a foolish habit of carrying a little bit of charcoal and when cold they just squat down on it so as to bring it against the thighs or chest. In this way scars are produced, and he gave a list of two or three nundred carcinomas coming out of these scars on the thighs and chest, localities where we never hear of it in other parts of the globe. The scars are kept irritated constantly by the charcoal being carried under the clothes and giving off fumes and irritative gases.

Mr. President, I believe in every part of our body we have a nerve coming from the trophic centre, whether this is in the stomach or the cerebro-spinal system, which keeps the tissues of the body regulated. With that cut off the tissues are apt to do their own sweet will, and the tendency is to go back to the fetal state. I believe we are a great republic, with a great central control, and every nerve in the body has to have a certain control. When this is cut off the cells go back to the original state. You may say this is all theory, and of no practical good, and you cannot convert it into dollars. I believe you can; it is not time yet.

I have one case which I have followed carefully and thoroughly. I do not feel I should as yet make a report of it, but I will tell you what I have seen. There is no mistake about it being a cancer; it came to me with a terrible ulceration, and was so diagnosed by two men in New York city. I opened the abdomen to take it out, but found a big chunk of a cancer involving the right ureter; I closed it up and quit. I then went to work to increase her nerve force if possible, and at the same time cleansed the vagina daily with the peroxide of hydrogen. Whether it was the disinfection or the manifest improvement of the woman's condition I do not know, but that ulcer healed and skin grew over it. But the nodule continued growing. I have been working on the case over a year, and the gentleman from New York, whom I had previously seen, said he thought she would be under the sod long ago. The cancer has not been arrested, except to the extent that the frightful itching and the boils she had about the labia have all ceased; the growth of the cancer has not been arrested, but the ulceration was arrested. This is a line along which I have been working for some time, and I hope some day we will have something. I beg of all of you to go to work along that line, restoring the nerve force of the patients, so that if we get them up we can keep them from coming back. I remember my old professor saying that the day is coming when we will cure cancers with the hypodermic syringe, and I must say there may be something in it.

I can only congratulate the essayist upon the paper of the evening, and it will be my intention to follow his instructions as far as possible, and take them out as soon as possible. Some I have cut out, and now after ten or twelve years they have not returned. The longest case of cancer I know of was in a young fellow, a medical friend of mine, two years younger than I am. He had yellow fever, and in the delirium bit his tongue. He was an interne in the Charity Hospital of New Orleans. He had Bright's disease afterward, and this sore place he afterward went to doctoring, and a nasty granular tissue sprung up. It was cut out and examined, and he was told it was cancer. He came home, but was still kept down with the Bright's disease. He dragged on for six months or a year, and this thing sprang up again. I cut out a funnel shaped piece all around it and sent it to a doctor in New York, and he said there was no doubt but it was cancer. He then weighed about 130 pounds, and now will weigh about 230 pounds. Most of the cases I have treated thus have done about that way. I believe if we ever get carcinoma under control it will be principally through the nervous system.

Dr. Palmer:—I believe every member here is obliged for the elucidation, theory and fact given us by Dr. Johnstone. The theory is very plausible; there is undoubtedly considerable fact in it. What is true in the case of General Grant is probably true in many other cases. The nervous condition has much to do with producing cancer. One of the most potent agents we have to control cancer is arsenic; the Fowler solution is probably the best remedy we possess for the treatment. It has its influence upon the nervous system, and will control the cancer better than any other remedy we can give. It is also a potent but not safe remedy to apply topically. While the paper was being read by Dr. Ricketts there occurred to my mind a means of diagnosis, mentioned years ago, which I think is of value. I am not disposed to discount anything he has said as to the value of the special senses, sight, taste, touch and smell, or the use of the microscope, which is probably the best of all. But a gentleman in Germany a good many years ago spoke of the reliability of the dilatation produced by the sponge in the diagnosis between hyperplastic induration and the induration from a cancerous growth. The former will yield eventually and be dilated, whereas the latter will not yield, and will remain while the parts around dilate. However, I believe the microscope is the best means we have to determine cancer, and should be used in every case of doubt.

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PHILADELPHIA, SEPTEMBER 1, 1894.

COUNTER PRESCRIBING.

Under the title of "Pharmaceutical Apothecaries" Dr. Benjamin Ward Richardson, in the Asclepiad No. 41, continues his discussion of counter prescribing, which in England is a matter controlled by law.

The subject is so large an one that here in America, where no restrictions have been imposed upon druggists, the practice has become general. The danger lies in the possibly fatal results which might follow promiscuous counter prescribing.

The plan proposed by Dr. Richardson is that, if we are to have counter prescribing (and as a matter of business we cannot help it), let the apothecary be educated for it. Let no one be allowed to practice it before he has passed an examining board.

He would divide the practice of medicine among three classes. "Class A would be the consultants who, in medicine, surgery or midwifery, would be at the head of the profession. Class B would be gentlemen in general practice, who would do all the visiting as now, who would not dispense medicines, who would not be troubled with minor and poorer parts of private practice, but who would hold the public offices, and carry out the general and private practice. Class C would be the pharmaceutical apothecaries, who would, as they do now, perform the minor and emergency duties, would dispense prescriptions, conduct analyses if necessary, and, although in business, would be amenable to medical rule and direction, under the protection of medical rank and registration, and under the supervision of the medical council. Between these three orders there would at once spring up the best understanding, a more correct understanding than ever before existed."

The establishment of a law in England, which should qualify these three classes of our profession, each confining himself to his own class, would, he thinks, reform medicine and heal the breach between physicians and druggists as they exist at the present day.

There is also another reform which he is confident would be accomplished, viz.: the abolition of the patent medicine trade so far as the druggist is concerned. He says: "The tone of business in the ranks of the chemist apothecaries would naturally change. Every article necessary for the sick would be purchaseable of them, but a number of things, like patent medicines and goods which the perfumer deals in, would be discarded. The sale of such things would be looked down upon as inferior business, when there was sufficient to do and live by without the sale of them. There would be the work of the consulting room, the work of dispensing, the work of the laboratory, all good and honorable occupations that would secure a competent income of themselves, and to some men of learning and skill would be more congenial than the sterner and more responsible duties of practice in serious forms of disease belonging to higher medical, surgical and obstetric practice. The simpler work would bring an inducement to many to devote themselves to scientific and chemical studies leading to the highest ranks of learning and science.

"Best of all, as I think, the outrageous quack would disappear from amongst us. There would be no occasion for his impudent display. The deluded patient, largely in one class of disease, now resorts to the charlatan, because he is nervous about his reputation and goes to the man who is most secret, and most ready at a moment's notice to give him the attention he demands. Let such a man have no excuse for seeking the quack and the quack, finding no excuse for putting himself in evidence, will die out. Every qualified pharmaceutical apothecary would be an obstacle to the intruder, and ready to give the assistance immediately required."

Just how such a plan would work in America would be difficult of prediction, for unless it were made a subject of national importance, (as, indeed, it would be) so that we could have a law that would equally govern every State in the Union, there would be conflicting State laws such as exist at the present day in medical legislation, and one State would overdo the subject while another would have no law at all.

Let us hope in the future some national law will govern and protect our profession, our medical schools, and their requirements, and obliterate forever the dangers arising to public and private health from ignorant counter prescribing and quackery.

MEWEN ON SUPPURATIVE DISEASE OF THE MASTOID-PROCESS.

At the annual meeting of the British Medical Association last year the subject of suppurative aural disease was considered in all its details, from the standpoint of general surgery.

Dr. William McEwen in a masterly essay demonstrated quite conclusively that in a very large proportion of cases of suppuration of the lateral sinuses the primitive process of infection is almost invariably in the mastoid cells.

When suppuration makes its way into the meatus-externus it drains off; in healthy subjects, after a time, ceasing of itself.

In others, when its path leads to deeper structures it lodges in the labyrinth, posterior to the drum-membrane; finally it may break through this partition, making its way out, or advancing inward, toward the brain, when meningeal inflammation supervenes and life is imperiled.

In a very considerable number of cases, when there is diminished hearing on one side, severe pains in the ear, with or without, discharge, we will find that there is central suppuration of the mastoid antrum.

By early, active and skilled interference in this class of cases, the delicate, anatomical architecture of the internal ear is preserved, the faculty of hearing is saved—a loathsome, foul-smelling discharge and its cause are simultaneously suppressed, and all danger to life, either immedaite or ultimate, is obviated.

We would, therefore,. caution practitioners when those cases of strumous inflammation and suppuration of the ear come under their observation, which threaten deafness or are attended with severe constitutional disturbances; they should institute a careful examination and recommend an early trepannage, grattage and clearing out of the broken down, rotten residue of tuberculous processes which so often occupy the cavity of the antrum.

ERROR—CORRECTION.

Owing to a blunder on part of the printer the date and number of the last issue of the Times and Register was wrong on the title page and should read August 25, instead of 18. Whole No. 833, vol. 28, No. 8, instead of 832 and No. 7. The inside title page is correct, so no trouble will be experienced in binding the volume. Subscribers will please note the error and make corrections accordingly.

Book Notes.

WHERE TO SEND PATIENTS ABROAD FOR MINERAL AND OTHER WATER CURES AND CLIMATIC TREATMENT. By Dr. THOS. LINN, Pub. by GEORGE S. DAVIS, Detroit, Mich.

This work is one of the monthly issues of the Physicians' Leisure Library. The question which first presents itself is why should it be necessary in view of the resources of this vast country of ours to send patients abroad at all?

We think the answer should be that, excepting the desires of the patient, it is not necessary to send them abroad; however, such considerations only have weight when on account of business necessities a transatlantic trip is desirable, and from the absolute rest and change to be derived from seeing the Old World.

The work gives the brief outline of the advantages of the various water cures and their therapeutic applicability.

It treats of climatic resorts, winter and summer, seaside and mountain air cures. There is also an alphabetical index of maladies with names of resorts in Europe to send them to.

TREATISE ON DIPHTHERIA. By Dr. H. Bourges. Translated by E. P. Hurd, M. D. Published by Geo. S. Davis, Detroit, Mich.

This is also one of the Physicians' Leisure Library issues, and consists of a resume of diphtheria. It begins at its history; treats of its bacteriology and etiology, modes of communication, symptoms, prognosis and treatment. We do not find anything especially new in the management of the disease, but the work is one which gives a clear idea of the present theories concerning diphtheria.

The New Hospital of the City of Berlin "Am Urban." Its Arrangement and Management. Berlin, Hirschwald, 1894, vi. and 157 Pages. By. A. Hagemeyer.

Not only the thoroughness and the systematical manner with which this description has been treated, but especially the firm emphasis which the actual questions of the building and management of the hospital have received, make it worthy to serve as a model. In the way the questions are treated, every one occupied with similar matters will derive the greatest benefit on the subject as to the arrangements of baths, the house for operations, the closets, heating and ventilation, the water-works and their arrangements, and a number of matters as to the organization of the management, and the regulations as to service. The manner in which the work is gotten up, especially the execution of the entire plan and the fifty-five illustrations, are satisfactory in every respect in a high degree.

ON DOUBLE CONSCIOUSNESS. BY ALFRED BINET, PUBLISHED BY THE OPEN COURT PUBLISHING COMPANY, CHICAGO.

The author of this little book is to be credited with the possession of a sensitivity which enables him to feel what his readers are likely to fail in seeing. The volume treats of such subjects as double consciousness in hysterical individuals, the relation between the two consciousnesses of such persons, the hysterical eye, double consciousnesses in health, etc.

There are few subjects more difficult to handle than psycho-physics and it is seldom that attempts made in such direction possess the slightest appeal to the general public. Mr. Binet's brochure will afford hints to students, but it will hardly get to a wider mission.

Ego and environment are coming little by little to be understood as things of different kinds and significance. While, as has been shown by Dr. Garretson, in his work "Nineteenth Century Sense," Soul is found to be still something else. Self is, undoubtedly, the worthy study of self, but the physician who gets no farther than a viewing of bones, muscles and viscera has hardly so much as looked within the opened door of the subject. Humanity has its hypostases; there is first, ego; second, body; third, soul; these lying with selfhood, matter, office.

The little book of Mr. Binet is directed particularly to a condition of ego. In dealing with his subject he fails, however, as to circularity of outlook. Double consciousness is put by him in place of the two-fold capability lying with cerebrum and sympathetic nervous systems as instruments. Men breathe through volition, but they breathe quite as well independent of volition, so, ordinarily, ego thinks through means of cerebrum, but, extraordinarily ego thinks independently of its common instrument. An inventor who sees his invention does not see by means of the eyes in his forehead, nor does a musician hear his inspirations by means of his every day ears.

While not able to credit Mr. Binet with the mastery of his subject, we commend his book as one belonging to the new era of thought.

Medicine.

Under the charge of E. W. Bing, M. D., Chester, Pa.

THE INFLUENCE OF ALCOHOL ON HUMAN LIFE.

The British Medical Association, wishing an exact statement of the influence of alcohol over the duration of life, charged a commission with the inquiry in three classes of subjects:

1. Total abstainers.
2. Moderate drinkers.
3. Excessive drinkers.

Observations included 4234 cases of death in five categories of individuals, and below is the average attained by each class:

1. Abstainers—51 years and 1 month.
2. Moderate drinkers—63 years and ½ month.
3. Occasional drinkers—59 years and 2 months.
4. Habitual drinkers—57 years and 2 months.
5. Drunkards—53 years and ½ month.

The more advanced age is attained by moderate drinkers and the minimum by abstainers.

THE MICROBES OF BREAD.

Fresh bread, uncut, is free from microbes, the heat of the baking being sufficient to kill them. But immediately the bread has been cut and exposed to the air it offers to germs of every kind, and especially pathopine ones, an excellent culture medium.

White bread offers a better soil than black bread or rye bread, in consequence of its lesser amount of acidity.

It is a singular fact that if the bread is sterilized by an exposure of fifteen minutes to a temperature of 115 degrees C. the vitality of germs is increased, which is explained by the fact that the heat causes a diminished amount of acidity in the bread, which thus becomes a more favorable soil or medium.

—La Revue Med.

SOME CURIOUS IDIOSYNCRACIES.

A man of Calais became furious whenever he heard the quacking of ducks, and he pursued them, sword in hand. Nevertheless, he could eat the meat with pleasure; in fact, it was his favorite dish.

Pechmann, a learned theologian, had from his earliest infancy an antipathy to brooms. As soon as he heard the pavement being swept he became restless, his respiration was difficult, and he breathed like a man who feared being suffocated.

A man, mentioned by Mengatte, physician to an Emperor of Germany, had such a dread of music that whenever he heard it he involuntarily passed urine. Another man, vomited at the sight of a musical instrument, and another had convulsions if he heard music played.

A Duke of Epernon fled at the sight of a leveret. Henry III could not endure the presence of a cat. Erasmus could not approach fish without being seized with fever. Water cress caused in Scaliger trembling over the whole body. Tycho-Brahe could not see a fox without feeling faint. Bacon fell into syncope during every period of lunar eclipse. A chaplain felt a chill over the whole upper part of the body whenever he had to read the 53d chapter of Isaiah and certain verses of the book of Kings. Peter I, of Russia, was mortally afraid of water. A King of Poland took flight at the sight of an apple, and others mentioned in the list had an unconquerable aversion to spiders, etc.

—La Revue Med.

GONORRHEA IN WOMEN.

Rollet.

Immediate treatment is necessary to avoid serious complications referred to the ovary, uterus, etc., which may result if the disease is neglected. The germ may remain active for long periods, and may, under the influence of occasional causes, become a source of infection.

Consequently, if gonorrheal urethritis is the first symptom, it may be some time before the uterus or vagina become involved.

Again, to treat gonorrheal urethritis without at the same time destroying the gonococci within or around the urethra, is to expose the patient to a fresh outbreak at any time.

There are three clinical varieties of gonorrheal urethritis—the acute, chronic and latent, which latter explains the fact of a woman communicating the disease without having herself any appreciable lesions.

THE FREQUENT OCCURRENCE OF VIRULENT PNEUMOCOCCI IN THE MOUTH OF SUBJECTS CONVALESCING FROM ERYSIPELAS OF THE FACE.

Netter.

The result of bacteriological researches on the pulmonary, peritoneal and meningeal symptoms of erysipelas shows that these are not dependent on staphylococci, white and yellow, once, but are due to the pneumococcus, and are the result of auto-infection, the weakened state of the patient rendering this easy.

In a study of the saliva of twelve patients the pneumococcus was detected six times; the streptococcus three times; the encapsuled pneumo-bacillus once; slaphylocscci, white and yellow, once, and an undetermined species once.

In comparing these results with those obtained with the saliva in diseases other than erysipelas, the pneumococcus is found much more frequently in facial erysipelas.

On the other hand, bacteriological examinations in pulmonary affections consecutive to erysipelas have shown the streptococcus pyogenes in broncho-pneumonia—in the pus of the pleura, peritoneum, meninges, etc.

—La France Med.

GLOSSITIS.

Causes—Injuries, burns, digestive disorders, infectious diseases. The inflammation may be treated by antiseptic washes of boric acid, combined with topical calmatives as cocaine.

The infectious cases are very obstinate, and the ulcerations may be extensive and deep. Here, carbolic acid combined with tr. iodine may be applied and cocaine used to blunt the sensibility of the part. In the deep-seated inflammations, death sometimes occurs from the swelling of the tongue—ice, and scarification, with early incisions for pus, are the only means available.

Professor Straus has sent an important communication to the Academy of Medicine on the presence of the B. tuberculosis in the nasal cavities of healthy individuals. His experiments throw a new light on a number of cases of tubercular infection in which the pathology was difficult of explanation, and they furnish a strong support to the doctrine of latent microbism. So the bacillus is now admitted to the number of hosts, if not constant, at least frequent, and the time is doubtless not far distant when one can extend the same demonstration already done for the streptococcus, pneumococcus and to other pathogenic agents, and even to that of typhoid fever, which has been considered as always coming from without. Thus, if not justified, the doctrine of auto-typhization, so brilliantly sustained by Peter, is at least explained, and which, although they seem incompatible with the results furnished by bacteriological researches, but which these same researches will perhaps end by confirming.

—Annales de Med.

THE THERAPEUTICS OF IODATE OF SODA AND IODIC ACID.

These are white crystallizable bodies rather soluble in water. The salt is likely to come into somewhat extended application as a means of dressing for chancres of both varieties. It is even more efficacious than iodoform, and possesses the great advantage over the latter of being odorless. Ruheman has cured hard chancres with this drug in two or three weeks and soft chancres in five or six days.

The chemical is finely powdered and applied twice a day, sometimes pure and sometimes mixed with boric acid. When a surface is powdered with pure iodate of soda the surrounding healthy parts must be protected,as it is sometimes irritating. It is useful in all ulcerations, wounds, and is best mixed with from eight to ten parts of boric acid. When used for chronic and atonic ulcerations the proportion of boric acid should be two to five parts to one of the salt. It has been used advantageously for insufflations in throat and nose affections, and is excellent for the treatment of chronic coryza. Otorrhea has been favorably affected by the use of the salt in proportion of one to five of acid. Five to ten per cent. solutions have been used in conjunctival and corneal inflammations.

Internally in a daily dose of 1 gramme for some weeks or months in asthma, and ganglionic enlargements, and is well borne by children.

The iodate of soda may also be used hyperdermically.

—Annales de Med.

Electro-Therapeutics.

Under the Charge of S. H. Monell, M. D., 44 West 46th St., New York.

ELECTRICITY: ITS PLACE IN GYNECOLOGY.

By J. C. DAILY, M. D.

During the last few years a new Richmond has appeared on the field. Electricity, the intelligent use of which has been made possible by scientific study and modern apparatus, has entered the arena to do battle for suffering humanity. It has been used in medicine from time immemorial; but until recently its use was nothing more than a species of quackery, and this is especially true of its use in gynecology. It is but a short time since the mass of the profession was in the densest ignorance concerning the most elementary facts in regard to this potent remedy. We not only failed to differentiate between the positive and the negative poles of the galvanic, and the different sized coils of the faradic, but even failed to appreciate the field for application of the different currents themselves. But thanks to the labors of Apostoli and others, a flood of light has been poured in upon us, and these facts have become the A B C's of the electric literature.

We now know that if the two poles of a galvanic battery are introduced into living tissue electrolytic decomposition takes place, and that the acids and oxygen are attracted to the positive pole, and the alkalies and the hydrogen to the negative pole. As a result the therapeutic effect of the two poles is entirely different. The positive pole is hemostatic, coagulating and sedative; the negative pole is irritating, softening and produces absorption. We know that in the faradic batteries there is a vast difference in the therapeutic effects of a current from a short, thick wire—the current of quantity—and the current from a long, fine wire—the current of tension; one is a current of volume, the other a current of intensity; the first produces stimulation, the second sedation. One acts on the muscles, the other on the nerves. The current of tension also acts on the vasomotor nerves, increasing the circulation; and assists in the absorption of exudations. From these facts we can readily see the indications for the different sized coils.

When we want to produce stimulation as in subinvolution we use the current of quantity; when we want sedation we use the current of intensity. While these facts guide us unerringly to the proper current and the correct pole or coil in well-defined cases, still, we are constantly meeting cases in which the indications are not so clear cut, and we must use our own judgment, not only as to poles and coils, but as to the proper milliamperage.

Our knowledge of electricity is still in the formative stage, and much is yet to be learned; but notwithstanding our imperfect knowledge, I believe the modern use of electricity is the greatest advancement that has been made in gynecology in the past decade. Electricity in medicine has had its rise, its fall; but its star is in the ascendant once more; and this time it has come to stay, for its present use is based on scientific principles. Like all great medical discoveries, it has produced its full quota of cranks, who expect to find in its use a remedy for all human ills; but the vast majority of electro-therapeutists have no such exalted ideas of its value. They see in it a curative agent for a large number of diseases of the female generative organs, which other therapeutic remedies fail to cure, and where a just conservatism and a proper regard for the rights of the weaker sex "must bid us pause" before submitting such patients to the surgeon's knife. It cannot supplant the knife in lacerations of the pelvic floor and of the cervix uteri, in cancer of the uterus, pus tubes, or in any condition of the pelvis in which pus exists. What, then, are the diseases in which electricity is indicated? In fibroid tumors; uterine hyperplasia; subinvolution; chronic ovarian inflammation; chronic pelvic inflammation, with exudation; in all forms of uterine hemorrhages; in certain forms of amenorrhea; in endometritis; prolapsus and versions when due to relaxation of tissue; in dysmenorrhea; obscure pelvic pains; in occlusion of the os, and stenosis of the uterine canal; in all forms of hystero-neuroses, and in disorders of menstrua-

tion, the gynecologist will find in electricity a remedy whose power for good is incalculable.

In disorders of menstruation A. Lapthorn Smith says: "I can recall case after case of amenorrhea in stout women who have been made to menstruate; sterile women who have been made to conceive; of women who have suffered untold agony in their menstrual fibroids, positive abdominal cauterizait and the next, who have been made to see the flow come on without the slightest pain; and as for amenorrhagia, I have never known it to fail."

I have had considerable experience with electricity in disorders of menstruation, and it agrees in the main with that of the distinguished author quoted. The control of uterine hemorrhage by electricity is one of the things in medicine that we can positively predicate. When the hemorrhage is due to subinvolution following confinement or mis carriage, or is due to relaxation of tissue from any cause, coarse wire faradism, with slow interruptions, is the remedy; but in those cases in which the menorrhagia is due to uterine hyperplasia, granular endometritis, or fibroids, positive abdominal cauterizations are indicated. The magical effect we sometimes see from this treatment is due not only to cauterization of the endometrium by the acid liberated at the positive pole, but also to the interpolar action on the vasomotor nerves, whereby the whole pelvic capillary circulation is regulated. I have recently dismissed as cured a lady who came to me a few months ago with a severe case of menorrhagia, which had lasted for months; duration of flow from ten to twelve days, and was very profuse; patient was weak, anemic, and exhausted by prolonged flow. She was the mother of five children, born in rapid succession, and ten months previous to her first visit to me she had miscarried at the fourth month. Examination revealed an enlarged uterus, sound passing to the depth of 4½ inches; there was also granular endometritis. The tentative use of the dull curette brought away a mass of granulations. This was a case that would ordinarily have been treated by curetting and packing. I began treatment with bipolar, intra-uterine faradism, using current of quantity for the purpose of overcoming the subinvolution. This was followed by positive utero-abdominal cauterization every second to third day, using from 40 to 100 milliamperes at each seance. The improvement was marked from the start, and in three months patient was discharged cured, uterus measuring but three inches. The flow lasted but four days, painless, and in every way normal.

Dysmenorrhea is the bete noire of womanhood. A large number of women suffer more or less pain with their periods, and a great many live in constant dread of its monthly appearance. It is not always easy to ascertain its etiology, or to locate the cause; but whether it be neuralgic or obstructive, membranous or ovarian, it will disappear under the use of electricity like the dew before the rising sun. I am not advocating the use of electricity in every case of dysmenorrhea: many cases will promptly recover from the administration of the indicated remedy, or by improving the general health, building up the system, and by instructing the patient as to the proper hygiene; but many cases persist in spite of all these measures, and electricity is our last and best resource.

In dysmenorrhea of purely neuralgic type bipolar vaginal and intra-uterine faradism—current of tension—gives the best results. I have cured many cases in from three to twenty treatments. When the pain is due to obstruction in the cervical canal, or at the internal os, I use negative utero-abdominal galvanization, 10 to 20 milliamperes.

Time will not permit me to discuss electricity in all of the diseases mentioned above; but I can truthfully say that I have never seen other than good effects from its use. When compared with the local treatment formerly in vogue—the application of carbolic acid and iodine, hot water and boro-glyceride tampons, nitrate of silver and chloride of zinc—the advancement is as great as that from the ancient mule car to the modern electric motor.

Its use has certain obvious drawbacks: expensive apparatus, and the trouble and worry engendered in the effort to always keep it in working order; the inroads made upon the time of a busy practitioner to properly apply it, and the difficulty of acquiring the requisite knowledge for its correct application; but these difficulties are mere bagatelles when weighed in the balance against the health-restoring power of this mysterious agent; and no gynecologist, whose only aim is to cure his patient, can afford to put it by without a trial.

—Exchange.

Surgery.

Under the charge of T. H. Manley, M. D, 115 W. 49th St., New York.

CONSERVATIVE TREATMENT OF GUNSHOT WOUNDS OF THE ABDOMEN.

Frederick B. Lippincott, M. D., of Philadelphia (University Med. Mag.), in his inaugural prize thesis on the subject, draws the following conclusions:

1. In about ninety per cent. of penetrating wounds of the abdomen, the viscera are involved.

2. In the majority of cases of abdominal gunshot wounds the intestinal lesions are multiple.

3. When the viscera are wounded, feces and gas, or finding the ball in the evacuations, are the only pathognomonic symptoms.

4. Nature is capable of effecting complete repair in wounds of the viscera by prolapse of the mucous membrane, exudation of plastic lymph, bringing a healthy surface over the rent in the gut and finally cicatrization.

5. Statistics do not show a better mortality by the operative than they do by the conservative treatment.

6. Wounds of the stomach and small intestines are more grave than those of the large intestines.

7. Shock itself is not a symptom of internal hemorrhage.

8. The most common cause of death in gunshot wounds of the abdomen is septic peritonitis, although deaths from shock and hemorrhage are not rare.

9. The use of hydrogen gas by rectum as a means of diagnosis is not infallible.

10. Statistics do not justify abdominal section, except in well selected cases, and particularly where there is pronounced hemorrhage.

11. So far laparotomy has increased the mortality of gun-shot wounds of the abdomen.

12. It is necessary for localized peritonitis to occur in order to attach the wounded gut to some healthy peritoneal surface.

13. The indications for treatment are to promote reaction, control hemorrhage by pressure or abdominal section, stimulate hypodermically, nothing by mouth, feed by rectum until adhesions have perfectly formed.

RESECTION OF ONE-HALF OF THE LOWER JAW FOLLOWED IMMEDIATELY BY THE FITTING OF AN ARTIFICIAL SUBSTITUTE.

Michaux (Bulletin et Memoires de la Societe de Chirurgie, 1893, p. 620) removed the half of the lower jaw for tumor in a man aged 36 years. On the completion of the operation, there was inserted a substitute jaw made of hard rubber after the method of C. Martin ("De la prothese immediate appliquee dans la resection des maxillaires," Paris, 1889.) The wound healed by primary union. The artificial jaw was held in place by two projections—one anterior, going to the remaining part of the lower jaw, and the other posterior, resting on the posterior portion of the superior maxillary bone. On the twelfth day the patient was moving his jaw naturally and spoke very well. The result was very satisfactory and the deformity slight.

TREATMENT OF TUBERCULOUS PERITONITIS.

Guignabert describes a method he employs in the treatment of tuberculous ascites which was first suggested by Rendu. It is most applicable to this particular form of peritonitis. It consists in introducing a fine trochar and cannula through the abdominal wall, midway between the umbilicus and anterior superior iliac spine. While the flow is diminishing, a hypodermic syringe is five times charged with camphorated naphthol, and the contents are passed into the abdomen, the cannula being made use of for the purpose. The puncture is subsequently closed by means of aseptic wool and gauze. Hereafter, the peristaltic action of the intestine serves to distribute the naphthol, which produces insignificant pain for only a few hours. Furthermore, during the first few days the temperature shows an evening rise, and the ascites apparently increases, though the fluid subsequently disappears. Ultimately, masses of adhesion will be felt, and these gradually diminish. During the operation the strictest antisepsis is required.

—Journal de Medecine de Paris, p. 155, 1894.

Miscellany.

MEETING OF THE TRI-STATE MEDICAL SOCIETY.

The Executive Committee of the Tri-Sate Medical Society has secured the ball room of the Kinball House, Atlanta, Ga., for the next meeting of the society, October 9th, 10th and 11th. The room is one of the best in the South for the purpose, being entirely shut off from all external noises and having excellent acoustic properties.

A BUG STORY.

BY C. F. DE MEY, M. D.

Permit me the use of your valuable journal to entertain some of your readers with a most remarkable sight I had the opportunity to witness, which speaks most strongly in favor of electricity and its multiple applications in medicine.

A few nights ago, while sitting on my veranda, admiring the myriads of fireflies swarming around me, I saw a toad swallow an unfortunate Elater noctilucus, and, to my astonishment, observed that the insect had not been killed in its most perilous journey.

The bug could be seen very plainly, now and then throwing it phosphorescent light. An electro-abdominal lamp could have given no better results. I captured the toad, and saw plainly, at intervals, its stomach and the circulation, color of its blood, both arterial and venous. A finer sight I surely never beheld. It demonstrates the future uses of electricity for diagnostic purposes in abdominal diseases.

—Louisville Med. Monthly.

WORTH RMEMBERING.

When in old persons you find gangrene following a slight injury, the urine should be examined for sugar, as it generally means diabetes mellitus.

—Tuholske.

NAVY CHANGES.

Changes in the Medical Corps of the United States Navy for the week ending August 25, 1894. Passed Assistant Surgeon I. W. Kite ordered to hold himself in readiness for orders to the U. S. S. "Constellation." Passed Assistant Surgeon T. B. Bailey ordered to hold himself in readiness for orders to the U. S. S. "Machias."

BOOKS AND PAMPHLETS REREIVED.

NOTES ON GYNECOLOGICAL TECHNIQUE. By Hunter Robb, M. D., Baltimore, Md. Reprint from the New York "Journal of Gynecology and Obstetrics."

ASEPSIS IN MINOR PROCEDURES. By Hunter Robb, M. D., of Baltimore. Reprint from "The Maryland Medical Journal," May 19, 1894.

AN OPERATING TABLE. By Hunter Robb, M. D. From "The Johns Hopkins Hospital Bulletin," No. 41, June-July, 1894.

PRACTICAL APPLICATION OF THE PRINCIPLES OF STERILIZATION. By Hunter Robb, M. D. Reprint from "The American Journal of Obstetrics," Vol. XXX., No. 1, 1894.

ALUMNI ORATION. Delivered before the Alumni Association of the Medico-Chirurgical College of Philadelphia, by Hon. Charles Emory Smith, Philadelphia. May 10, 1894. Reprint from the "Medical Bulletin."

APPENDICITIS OBLITERANS. Read before the Chicago Academy of Medicine, March 16, 1894. By N. Senn, M. D., Ph. D., LL. D., Chicago. Reprint from the "Journal of the American Medical Association," March 24, 1894.

A CASE OF CYSTICERUS OF THE VITREOUS. By W. Cheatham, A. B., M. D.; of Louisville, Ky. Reprint from "Annals of Ophthalmology and Otology," Vol. III., No. 2, April, 1894.

ERRORS IN SCHOOLBOOKS. Second competition, Boston. Published by the Pope Manufacturing Company, 1894.

ABDOMINAL SURGERY ON THE BATTLEFIELD. By N. Senn, M. D., Ph. D., LL. D. Reprint from "St. Louis Clinique," for June, 1894.

FUNCTIONAL CONSTIPATION. By W. Blair Stewart, A. M., M. D.; Bryn Mawr, Pa. Reprint from "New England Medical Monthly" for April, 1894.

AMPUTATION OF THE ENTIRE UPPER EXTREMITY (INCLUDING THE SCAPULA AND CLAVICLE), AND OF THE ARM AT THE SHOULDER-JOINT. By W. W. Keen, M. D. From the "American Journal of the Medical Sciences," June, 1894.

THE REACTIONS OF NUCLEO-ALBUMIN (ERRONEOUSLY STYLED MUCIN) WITH THE COMMONLY EMPLOYED URINARY ALBUMIN-TESTS. By D. D. Stewart, M. D., of Philadelphia. From the "Medical News," July 14, 1894.

OBLITERATION OF CONGENITAL PIGMENTATIONS. By B. Merrill Ricketts, Ph. B., M. D., Cincinnati O., Reprint from the "Journal of the American Medical Association," January 20, 1894.

TRANSACTIONS OF THE INDIANA STATE MEDICAL SOCIETY. 1893. 44th annual session. Held in Indianapolis, Ind., May 11 and 12, 1893.

MEDICAL AND SURGICAL REPORTS OF THE BOSTON CITY HOSPITAL. Fifth series, edited by D. W. Cheever, M. D., G. B. Shattuck, M. D., and Abner Post, M. D. Contains reports of very valuable cases, medical and surgical.

FIFTEENTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF ILLINOIS, with an appendix containing a report on Medical education and medical colleges, revised to January, 1894.

NINETEENTH ANNUAL REPORT OF THE SECRETARY OF THE STATE BOARD OF HEALTH OF MICHIGAN.

The Times and Register.

Vol. XXVIII. No. 10. Philadelphia, September 8, 1894. Whole No. 835.

Original.

THE MARRIAGE OF SYPHILITICS.*

BY WILLIAM G. PORTER, M. D.

Perhaps no more important or interesting question could have been submitted for our discussion to-night than that of the Marriage of Syphilitics, and I must confess that I approach its consideration with an amount of diffidence which I would not have supposed to be possible some years ago. It would be very easy to dispose of the whole question by giving to our patients who have been afflicted with syphilis and who are contemplating matrimony the celebrated advice of Mr. Punch to those about to be married, "Don't!"

But in regard to this question we have a solemn duty to perform; on our decision may depend the future happiness and health, not only of our patient, but that of an innocent and virtuous woman and of children yet unborn.

The subject is so large in all its bearings that it will be simply impossible for me to more than outline some of its more salient points to-night. In approaching the subject we must consider first our patient.

If we forbid him to marry, and he takes our advice, we condemn him to perpetual celibacy—we rob him of all the joys of matrimony, of possible paternity.

If we are right in our judgment we have nothing with which to reproach ourselves.

But if we have acted inadvisedly; if he is really incapable of transmitting the disease to others; if he is capable of procreating healthy children; if he has a long life of health and usefulness before him; if, in other words, he is cured—we have done him a lasting injury, we have blighted his life, we have robbed the State of a citizen who would in all probability have been more useful married than single.

On the other hand, if we advise our patient, who is or has been syphilitic, that he can safely marry, and he follows our advice and infects his wife or procreates syphilitic children, we have not only injured him, but inflicted irreparable injury on an innocent wife and helpless children.

Now, gentlemen, are there any rules which may guide us in the determination of this most important question? Of course, in an assemblage of physicians like this it would be entirely out of place

*Read before the College of Physicians, April, 1894.

for me to address you as I would a class of students. You are all more or less familiar with the disease. Many of you are experts in its detection and treatment, both as specialists and as general practitioners. In the limited time at our disposal it would be impossible to offer the proofs of all the statements I shall make; I must therefore endeavor to limit myself to propositions which, I think, we can all indorse, and see if we can reasonably make any deductions from them.

In the first place, then, I would say that syphilis may be classified for our purpose into three varieties, viz., the benignant, the moderate, the malignant.

I suppose that it has occurred to all of us occasionally to have seen cases of primary syphilis which have been followed by an exceedingly moderate amount of secondary symptoms, and then, almost without treatment, by perfect recovery and the absence of further manifestations; to these I would apply the name of benignant.

By moderate syphilis I mean those ordinary cases in which the disease runs through its various stages without severe symptoms—perfectly responsive to treatment, generally controlled by it, but which it may take many months or perhaps some years to cure.

By malignant syphilis I mean those cases which are severe from the start, in which the earliest secondary symptom may be a rupia with a profound cachexia, or immediately on the disappearance of the chancre, or even sometimes before it has disappeared, the nervous system of the patient may be profoundly affected.

Recognizing these three varieties, my next proposition is that all three forms are generally curable; the first exhausting itself, the latter two requiring the treatment of the skillful physician to overcome them. Gentlemen, I say skillful physician, for there is no disease which responds more rapidly to proper treatment or shows worse results when improperly treated than syphilis.

We know that spyhilis is curable from the fact that many patients remain indefinitely without a recurrence of symptoms, and more than all that, they not infrequently contract it a second time. But up to the present time no means has been discovered by which we can say absolutely to any individual patient, "You are cured; you will never have a return of this disease unless you contract it again." Because of this many writers on syphilis claim that, as we can never say absolutely that a patient is cured, we have no moral right to advise him to take the chances of matrimony; that we can never tell, even after the lapse of years, when a relapse may occur, and the patient, who has supposed himself to be cured, may transmit to his posterity this terrible disease. Now, it seems to me if there is one thing established in medicine, it is the power of medical treatment over the manifestations of syphilis. Who among you has not seen symptoms disappear under treatment almost as if by magic, cases apparently the most hopeless restored to health, and yet it happens to all of us occasionally to see cases which, in spite of systematic and long-continued treatment, persistently relapse. They are not really ill; they go about attending to business and the affairs of life as usual; and yet we know and they know that they are not well; the slightest indiscretion is sure to produce a temporary relapse, and so it goes on for years and years. I think that all of us who have been in practice for twenty-five years or more must recognize the fact that we do not see nearly as many severe cases of syphilis as we formerly did, and yet if we consider the numberless pathological conditions which it most assuredly causes we must admit that it is still a most serious affection, and one which results much more frequently in death than is generally supposed.

Now, under what, if any, circumstances, are we justified in informing a patient who has suffered from this disease that it will be safe for him to marry?

In the first place, marriage should be absolutely forbidden to any patient who presents at the time he consults us any of the symptoms of syphilis—primary, secondary, or tertiary. Let me quote here from the master on this subject—Fournier:

"What then is marriage in its completeness, gentlemen? Marriage is not only an affair of sentiment, of passion, of convenience, and of interest; to consider it from a standpoint more practical and at the same time more elevated. Marriage is an association freely entered into, where each contracting party is pledged to bring in good faith a share of health and physical vigor, with the view of co-operating, on the one hand, for the material prosperity of the family, and, on the other hand, for the

raising of children, the supreme and sacred end of every union.

"Now what, in this case, I ask you, will be the share contributed to the partnership by a husband syphilitic, and not cured of his syphilis? His share will be that of a health compromised, hypothecated, burdened with a debt hereafter due the pox, that pitiless creditor."

"On account of the pox it may happen that this man may experience one day or another such and such serious affections which will ruin his health, such and such an infirmity which will render him incapable of work, incapable of earning his daily bread; and then what will become of the family, of which this man is the recognized support? what will become of his wife? what will become of his children?

"On account of the pox also this man may die. What may happen, he being dead, to his wife and to these children?

"Is it admissible, then, that a man should think of creating for himself a family when he is liable to fail this family? Is it admissible? Is it right? Is it moral that a man should dream of having a wife and children when he offers the possible prospect of widowhood to this wife, of orphanage to these children, of poverty to this family? No, a hundred times no!

"Also, and I do not hesitate to say it, the man who is syphilitic, and not cured of his syphilis, fears not nevertheless to append his signature to the marriage contract, commits at this moment a base act, an act immoral and corrupt, an act which good people will be unanimous in condemning."

In the second place, marriage should be absolutely forbidden to all syphilitic patients who have not been subjected to a most thorough, complete and prolonged treatment.

And finally, in the third place, before sanctioning the marriage of a syphilitic, the requirement of a sufficient treatment having been fulfilled, the physician should be satisfied that he is in perfect health, and that he has had no symptoms, even suspicions, of syphilis for a period of at least two years.

Under these circumstances, and with these limitations, I have no hesitation in telling patients that I think they are reasonably safe in marrying, and I have never yet had reason to regret the advice which I have given.

PERSONAL EXPERIENCE IN THE TREATMENT OF STRANGULATED HERNIA.*

BY JOHN ASHHURST, JR., M. D.,

Looking over my records I find that I have operated on 19 cases of strangulated hernia, and in addition have operated on two cases of irreducible omental hernia, not strangulated. I have, of course, seen a large number of cases where I have succeeded in reducing the hernia by taxis. I have not kept a list of these, but the number is at least as large, if not larger, than the number of those operated on. While the number of my cases may seem small in comparison with that reported by others, this very fact confirms the view which I have always entertained—that strangulated hernia is a rare affection in Philadelphia, and rarer in this country than in the countries of the old world, England and Ireland particularly. Although the cases are few in number, yet following the old maxim—"Observationes non numerandæ sed perpendendæ sunt"—it has seemed to me that it might be worth while to bring them before the academy, so as to introduce the subject for discussion.

Of the nineteen operations for strangulated hernia, fourteen were for inguinal hernia, confirming what everyone knows—that inguinal is the most common form of strangulated hernia, and the one that most frequently calls for operation. One of these cases was in a child, operated on at one of my clinics and at once removed by the parents, and the further history of that case I do not know. Of the other thirteen patients, ten recovered and three died. The deaths occurred in cases where a fatal termination might have been expected, and were not due to the operation. In one case the hernia had been strangulated for five days and the patient was pronounced diabetic. He died of gangrene after the operation, dependent upon the diathetic condition and upon the prolonged strangulation. The second death occurred in a woman of 78 years. The strangulation was very tight, and the bowel was gangrenous at the time of operation. Rupture occurred at the sulcus corresponding to the line of constriction, and death took place

*Read before the Philadelphia Academy of Surgery, May 7, 1894.

from exhaustion in the following twenty-four hours. The third death occurred in a man of intemperate habits, who had a hernia strangulated for thirty hours and who had been subjected to forcible taxis before admission to the hospital. So forcible had been the taxis that it had resulted in rupture of the bowel in two places. At the operation the scrotum was found enormously swollen and black from effused blood. Twelve inches of the bowel were gangrenous, and the gut presented two openings. I removed the bowel and performed a circular enterorrhaphy, but the patient died thirty-two hours afterward from cardiac failure, without evidences of peritonitis. It is evident that in none of these cases was the result in any way due to the operation.

Four times have I operated for strangulated femoral hernia, with three recoveries and one death. In the fatal case the patient died in a collapsed condition thirty-six hours after the operation. I have no particulars of the case, but there was no evidence of peritonitis.

I have had one case of strangulated umbilical hernia which terminated fatally. The patient was eighty years of age, and the strangulation had existed for a number of hours. The patient died of peritonitis, which, as we all know, is particularly apt to occur as a complication after umbilical hernia, incisions into the upper portion of the abdomen being more apt to be followed by peritonitis than incisions in the lower portion.

The youngest patient on whom I have operated was a child two years of age, with inguinal hernia. This case ended in recovery. The oldest patient was the woman eighty years old, with umbilical hernia, just referred to.

Among cases of special interest I would mention one of the inguino-crural variety, where the hernia after coming down through the inguinal canal does not pass into the scrotum, but turns up in the line of Poupart's ligament and passes outward along the groin. It is usually complicated, as it was in this case, with an undescended testicle. In this case the hernia had been down six days when I operated. I was able by taxis to reduce a portion of the tumor, but finding that there still remained a hard mass which could not be reduced, I thought it right to open the sac and determine the exact condition. I found that the hard lump was a testicle in a gangrenous state, either from a twist in the cord or, as seemed more probable, from the taxis which had been practiced rather violently before the patient's admission to the hospital. I excised the testicle and the patient recovered.

I have operated in two cases of irreducible omental hernia. In these cases a tumor had been present in the tunica vaginalis for a long time, and while there were no symptoms of strangulation, the weight and bulk of the tumor gave great annoyance, and the patients were exposed to the risk of a portion of the gut coming down at any time. I, therefore, felt justified in operating in these cases, cutting away most of the omentum after securing its neck between two ligatures.

The points of special interest in the treatment of strangulated hernia which I would suggest for discussion are, as regards the resort to taxis, its limitations and the aids to its performance, and then as regards operative treatment, the particular mode of performing the operation, more especially as regards the direction of the deep incision, in regard to which some difference of opinion prevails, and as to the advantages and disadvantages of Gay's method as modified by Fergusson, and as to the advantages or disadvantages of Petit's plan of operating without opening the sac.

The Limitations of Taxis.—I feel obliged to say that, while I have reduced a good many strangulated hernias by taxis, while I think that it should be the surgeon's first thought, and while if praticed with care and skill it is a safe method and one which will usually succeeed when resorted to in time, yet I must express my belief that in the hands of an inexperienced practitioner, who sees but few cases of hernia, taxis is an unsafe procedure. Under such circumstances I think that the patient would sometimes be safer with the operation of herniotomy than with taxis, for herniotomy is not a very dfficult operation and not very dangerous if performed with caution, whereas taxis, while seeming to be very simple, yet if employed with great persistence and force may lead to the most serious consequences. My own cases of herniotomy which resulted fatally had been mostly subjected to prolonged taxis. Taxis, therefore, I think has its limitations, and should be resorted to with

great gentleness and with great caution, except in the hands of those surgeons who are sufficiently familiar with the anatomy and treatment of strangulated hernia to feel that they may use the method more freely and more systematically. It is, of course, known to the Fellows of the Academy that its founder, the late Professor S. D. Gross, maintained that very few cases of hernia required operation. He prided himself that he was able to effect reduction by taxis where others had failed; and such was undoubtedly the case. In the hands of a man like Professor Gross, taxis was a safe procedure, but in the hands of the ordinary practitioner I believe that the line of safety for the patient will often be found in herniotomy rather than in a prolongation of taxis.

It is scarcely necessary to say that when taxis is employed it should be done with gentleness and with system. The ordinary method of pushing at the hernia is very uncertain, and is not only apt to do harm but is almost sure not to do good. The rule that the last portion of bowel which has come down should be first returned is very valuable and should always be borne in mind. Then I find what I am in the habit of speaking of to students as a kind of conjoined manipulation, a very useful mode of applying taxis, and I think the safest. The neck of the sac is grasped by the thumb and fingers of one hand, while the other hand, spread out, exercises a combination of pushing and squeezing; and then by a kind of alternating movement, slightly relaxing one hand while with the other the pressure is increased, if the hernia is reducible at all, it will go up. If no gurgling is heard in a few minutes it is not likely that the taxis will succeed.

As regards the aids to taxis the older surgeons resorted to many modes of assisting taxis, but in modern times surgeons have pretty much come down to two or three. Even the warm bath, which was much resorted to formerly, I think is seldom employed at present. At the Pennsylvania Hospital our practice is to put the patient in bed, apply ice over the hernia, and give a moderate quantity of opium. When the resident physician is not able to reduce the hernia by gentle taxis this course is followed until the surgeon has been summoned. It often happens that when the surgeon arrives he finds that the hernia has been reduced spontaneously or disappears under the slightest touch. If this fails our rule is to administer ether and again employ taxis, and in this way the hernia can usually be reduced. Before administering ether we have an understanding with the patient that if taxis does not succeed then the operation is to be resorted to.

Another manipulation which is of great importance is to draw down the hernia a little before beginning the upward pushing movement, the object being to disengage the portion of bowel which is nipped by the source of constriction. The plan known as Seutin's I have never seen of avail, and I can hardly conceive of a case where it would be required in which it could be used successfully. This plan consists in endeavoring to introduce the finger or thumb nail into the constricting ring, which is then stretched; this could be practiced only in very thin persons, and where it could be done I think it probable that taxis would succeed without it.

With regard to herniotomy, the first question that will have to be decided is the extent of the external incision. Some operators make a large incision, extending over the entire length of the hernial tumor. Others endeavor to effect the operation through a very small incision, as in Gay's method. My own plan is to make the external incision three or four inches in length and over the neck of the sac. As regards the particular method of making the incision, whether by pinching up the tissues, transfixing, and cutting outward, or by cutting down from without, I really think that there is no choice. My own practice is to employ the latter plan. Having gone through the skin and fiscia, the surgeon, of course, takes up the tissues cautiously, dividing them on the director. The next question is whether or not the sac shall be opened. I agree with the English rule, that where it is justifiable to resort to taxis it is proper to endeavor to reduce the hernia without opening the sac. I have often tried to do this, but have been compelled to open the sac, as the constriction has been in its neck. In making the deep incision the tip of the left forefinger should be pressed against the source of constriction and the hernia-knife passed flatwise; this is then turned in the proper direction and the deep incision made with a

gentle sawing motion, assisted by pressure of the finger below. I am satisfied that the rule of the English surgeons, to make the incision directly upward in inguinal hernia, is the correct one. While in a certain number of cases the surgeon can say this is a direct, or this is an oblique hernia, yet in other cases the relation of the parts is so confused that he cannot be absolutely certain which form of hernia he is dealing with. In the one case the internal epigastric artery will be on the inside and in the other on the outside. The safe rule, therefore, is to make the incision directly upward and in the line of the long axis of the body. In femoral hernia the deep incision should be made upward and inward. It is only in this direction that we are safe from doing injury and certain to reach the source of constriction, this being where the falciform process and Gimbernat's ligament join. The only danger from hemorrhage when this plan is followed is from an abnormal distribution of the obturator artery. To avoid wounding this, a good plan is to adopt Mr. Erichsen's suggestion to blunt the edge of the hernia-knife by rubbing it on the handle of another knife, or, as suggested by Dr. Wyeth, to keep the point of the knife firmly pressed against the pubis.

In umbilical hernia the safe line of incision is in the median line ,and directly downward. The operation is likely to be followed by peritonitis under any circumstances; but I think that there is less danger if the incision is made in this way, on the general principle that wounds in the lower portion of the peritoneum are less likely to be followed by peritonitis than those above. In the case on which I operated the hernia was of long standing, but the strangulation was recent, from the protrusion of an additional portion of bowel. There I followed the judicious rule of not attempting to reduce the whole hernia, which would have required an extensive dissection, but simply relieved the strangulation and returned the part recently protruded.

With regard to the method of dealing with the contents of the hernia, I think that all surgeons agree that if the bowel is healthy it should be returned, but that if gangrenous it should be left in the wound and a false anus formed. If a distinct sulcus is found I think that it is a good rule not to reduce the bowel, so that if it should give way the extravasation may be outside of the peritoneal cavity. As regards the omentum, I think that it is a safe rule to cut it away pretty freely. If it is perfectly healthy it is proper to return it, but if there is doubt it is safer to remove it.

With regard to after-treatment, I am sure that the safest mode is not to make any attempt to get the bowels opened. Some surgeons are in the habit of giving a dose of oil immediately after the operation, and some even before the operation; but this seems to me to be injudicious. I put the patient on the use of opium and belladonna for a few days, gradually diminishing the dose, and usually the bowels move spontaneously in five or six days.

The number of cases which I have brought before you is limited, but they represent a sufficient variety to perhaps be available for the discussion of some of the points suggested.

THE VALUE OF CHLROBROM IN SEA-SICKNESS.

In long sea voyages no prophylactic benefit can be secured by the use of chlorobrom, unless for two nights before embarkation the passenger pays due attention to the stomach and bowels by taking a cholagogue pill. Further, in the case of a person who dreads the voyage, a dose of the solution should be taken.

2.—The diet on board ship should be spare and dry. Soup, pastry and sweets should be especially avoided, and no full meal should be indulged in. A hypnotic dose (one teaspoonful and a half for a male, and one teaspoonful for a female) should be taken for three nights.

3.—In short voyages, when the steamer leaves, perhaps, at 10 P. M., the passenger should immediately retire to rest and take one of the doses mentioned.

4.—In a shorter passage across the Channel a teaspoonful should be taken before going on board.

5.—By following these directions immunity from seasickness is obtained in the great majority of cases, but if they be not followed, it is to be remembered that chlorobrom has no effect in arresting an outburst of vomiting. If it is given in a teaspoonful dose every ten minutes until a tablespoonful and a half has been taken, it will almost invariably check retching and depression.—Lancet.

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ANTI-VACCINATION.

Milwaukee seems to be reaping the fruit from her anti-vaccination society. There has been an alarming increase in the number of cases of small-pox the past two weeks in that city.

It would seem like retrograding towards the Dark Ages for anyone, in the light of the present time, to deny the benefits to humanity which have been obtained in the immunity from small-pox by the process of vaccination. Yet there are persons who are ever ready to make themselves prominent by denying a truth which has been clearly established beyond a doubt by scientific investigation, as well as practical observation. There are those, even, who assert that the earth is flat and does not revolve on its axis once in twenty-four hours, but the only proof they can bring is the mere assertion, which, fortunately, does not alter the facts in the case. So it is with the anti-vaccinators. They go about in sheep's clothing advocating their ideas against all sanitary and preventive measures, without the least vestige of scientific data to back them up. They try to disprove what has for years been known to be one of the greatest blessings to mankind that medical science has discovered.

Such persons deserve to be classed with anarchists and murderers, for they are a menace to health, order and public weal.

IS SUICIDE SIN?

Taking as the initiative the subject of a lecture of Colonel Robert Ingersoll, the New York "World" has lately been propounding to its readers the question whether suicide is a sin or not. Some of the answers received and published have been quite amusing. For instance, one suggested that if Colonel Ingersoll wishes to know if suicide be a sin, that he should try it on himself and find out. Another suggests that the Colonel ought to be treated according to the Mosaic law, as set forth in Deuteronomy 13, 6-10.

We have failed to see any advantage, so far, which has been gained to the public in the propounding of such a question, and think the correct solution of it is beyond the scope of human power. We only have to deal with such a thought by human means, with human instruments, and it is quite beyond us.

It is the natural tendency of all thought and mind to wish for life rather than death.

" 'Tis life, whereof our nerves are scant.
O, life, not death, for which we pant.
More life, and fuller than I want."

If anyone will take the trouble to read "The two Voices" of Tennyson he will find it an admirable discourse on suicide, and one which should satisfy most everyone.

To one who is anything of a philosopher the sin of suicide would become but a trifling matter compared with the thought of how much beter off would one be were he dead.

The cycle of the material would be quite outside that of the immaterial. Matter, so far as our visible bodies are concerned, (which are simply instruments of our higher powers), seems to be the only cause of any desire for suicide. We must toil and labor to keep the material together, while the same elements in other forms may be maintained without apparent difficulty or labor.

"Imperious Caesar, dead and turned to clay,
Might stop a hole to keep the wind away."

But the sin of suicide would not fall on the material, the part of our being which gives us the greatest trouble at the present time. The ego of our being, that power which is given us over our material part, the government of our whole, must be alone answerable for any misuse of our opportunities. If we are, for some unknown reasons placed on earth, there are most certainly opportunities placed in our paths, which, if we neglect, or cast aside from the intention, as would be in case of suicide, we will lose favor before the Great Designer who opened to us such opportunities. A player is engaged to play an instrument; if he wilfully breaks in pieces his instrument before he has accomplished his engagement he retires in disfavor with the person who engages him. Should he break his instrument in the endeavor to perfect his engagement, it is regretted that his instrument was weak in any spot, but the disfavor does not fall on the player. So it must be with the suicide.

"Who would fardels bear,
To grunt and sweat under a weary life.
But that the dread of something after death,
The undiscovered country from whose bourne
No traveler returns, puzzles the will
And makes us rather bear these ills we have
Than fly to others that we know not of?"

Book Notes.

A TREATISE ON APPENDICITIS. By Dr. George R. Fowler, of Brooklyn, New York. Published by the J. B. Lippincott Company, Philadelphia.

In these times, when such a vast output of literature on the new disease, "appendicitis," is being placed before the profession, without much regard to arrangement or classification, a monograph, like the one before us, carefully systematized and coming from the hands of one whose experience has been large and results unrivalled, is both timely and acceptable.

Reading through the lines, however, the traces of an enthusiastic operator cannot be concealed.

This work of Dr. Fowler's on the subject which it treats has no rival in the English language; is only approached by Talamon, and should be read by every practitioner who would familiarize himself with the latest and best on the subject.

But, like every other production, it is not without its vulnerable points, which we must call attention to.

Under the head of etiology, tubercular ulceration is not mentioned. Parturition is denied a place as a causative factor, while the author admits that in 51 of his cases the appendix hung free, in the lesser pelvis. Now, it is well known and admitted that the appendix, when lodged in this position is often crushed and damaged by the passage of the fetal head. Too many cases have been ascribed to traumatism to deny it a place in causation. Syphilitis is denied any place at all in these cases of iliac phlegmons; while everyone knows that primary perforative caecal and pericaecal abscess is not uncommon in these so-called appendicular cases.

The author agrees with Talamon that "appendicitis is as easily recognizable as pneumonia." This is certainly contrary to the general experience of other surgeons.

In treatment too much minutiæ of detail is considered. Many will take exception to the technique recommended in amputating the cervix, though all must agree that its aim is commendable.

The assertion that the majority of so called appendicular cases tend towards a fatal termination is not borne by statistics or the observation of practitioners who commonly see these cases, yet rarely witness a fatal termination among them.

The likelihood of ventral hernia following operation is admitted; and directions are fully set forth, the observance of which will tend to prevent it.

The diagramatic and photographic engravings in the work are not without value, though nothing short of plenty of personal experience can ever equip an operator with safe guides.

The typographical part of the work is superb; for every page bears traces of high art in this direction, and taken as a whole reflects great credit on the well-known publishing house from which it issued.

Surgery.

Under the charge of T. H. MANLEY, M. D., 115 W. 49th St., New York.

A NEEDED REFORM IN ABDOMINAL SURGERY.

It is always harmful to pinch nerves. In the cerebro-spinal system it involves pain, in the sympathetic system it involves functional disturbance; in either system it involves shock and added danger to any and every surgical effort. For that reason the practice at present in vogue in certain surgical domains of squeezing large masses of tissue by either clamps or ligatures, for the purpose of controlling hemorrhage which can be better controlled in other and less harmful ways, should be abandoned.

—Jour. of Orificial Surgery.

TREATMENT OF OLD LUXATIONS OF THE SHOULDER.

Tillaux advises in old dislocations of the shoulder to first try reduction, under chloroform, by the method of Kocher, and manual traction. If this fails, resort is made to the traction of assistants, not to exceed sixty kilogrammes in force; if this also fails, the patient is to be dismissed, and told to use the arm as much as possible to increase its mobility. If the case progresses favorably, and he gets to be able to use the arm satisfactorily in his occupation without severe pain, then no further intervention is to be practiced. If there is excessive pain from pressure on the nerves, or if the patient is unable to use his arm, then it is justifiable to resort to the procedure of Nelaton, and make an incision, and attempt to replace the head in the glenoid cavity. If this also is found impossible, then the head of the humerus is to be resected. The patient under consideration had had his shoulder dislocated ninety-five days previously. Having failed to reduce it by Kocher's method and extension by four assistants, Tillaux desisted further attempts, and instructed the patient to return if he found he could not use his arm in his occupation, which was that of a gardener.

—La Tribune Medicale, January 25, 1894, p. 67.

BASSINI'S METHOD FOR RADICAL CURE OF HERNIA.

This method, which has recently become quite popular in this country, consists essentially in the following procedure: The sac is carefully dissected out, ligated, the hernia reduced, and the sac ligated and cut off as close as possible so that it will retract into the abdominal cavity. The internal oblique and transversalis muscles, are then stitched back to Poupart's ligament, the cord being drawn aside in the meantime. The cord is then laid over these muscles, and a roof and a new canal formed by stitching the skin to the superficial fascia over the cord. Some operators make three layers of sutures, placing the cord between the layers of the superficial and the deep fascia.

THROMBOSIS OF VEINS OF THE LOWER LEG FOLLOWING OPERATION IN THE TRENDELENBERG POSITION.

V. Strauch, Moscow (Centralblatt f. Gyn.), reports three cases of this distressing complication as occuring in 19 celiotomies, one of the three being still further complicated by pulmonary embolism, from which the patient happily recovered. The author ascribed the condition partly to the use of ether instead of chloroform, but chiefly to the acute flexion of the leg in the ordinary Trendelenberg position, and now intends to use a table of his own device on which the patient lies with the pelvis elevated but the leg extended. In the same journal Czempin, Berlin, describes his table, which seems to accomplish this result very efficiently.

—Archives of Gynecology.

TREATMENT OF IMPERMEABLE STRICTURES OF THE URETHRA.

The difficulty that is frequently encountered by surgeons in penetrating very tight urethral strictures has suggested a method of dilating them which others may find of service in their practice. It consists in passing down to

the site of the stricture a catheter shaped as a simple cylindrical tube, open at both ends—an ordinary catheter, from which the eyed end has been cut off, and the edges carefully smoothed, does very well. And through this as a guide introducing the largest instrument, from a filiform bougie upwards, which can be made to penetrate the stricture.

—Charles H. Wade, in Lancet.

RESECTION OF THE URETHRA.

Rovsing, of Copenhagen, has performed this operation in a case of an impermeable stricture in a man, aged 43, who suffered from retention of urine and ammoniacal suppurative cyctitis. The excised cicatrix of the membranous portion of the urethra measured about one and one-half centimetres. The immediate result was excellent.

—Hospitals-Tidende, No. 37, 1893.

THE TREAMENT OF FRACTURE BY MASSAGE.

Sevenin, of Moscow (Chir. Annal. Rus., 1893, p. 540), reports twenty-four cases of fractures treated by massage, and claims a great future for this treatment. To hasten union he gives three times daily a powder consisting of two grains of phosphate of iron and five grains of phosphate of lime. He demonstrates the beneficial action of this powder in relating his last four cases, which took an unusually short time in healing. One of these cases, a fracture of the surgical neck of the humerus in a washer woman of 52 years of age, showed no more crepitation on the eighth day, the abnormal mobility had ceased, and on the sixteenth day the patient could raise her arm in a horizontal position.

—Pacific Med. Journal.

THE VALUE OF CAUSTICS IN THE TREATMENT OF MALIGNANT GROWTHS.

Dr. John Parmenter, of Buffalo, N. Y., discards the old ideas of the value of caustics, viz: That the recurrence of malignant tumors is less frequent after their removal by caustics; that caustics have a selective action upon malignant tissues, and that caustics have the power to reduce enlarged lymphatics adjacent to the seat of the disease. He bases the value of caustics upon two things:

1. The use of a proper caustic.

2. Its intelligent application in suitable cases.

A proper caustic is one that will act rapidly and thoroughly. Among these are actual cautery, sulphuric acid, Vienna paste, Bougard's paste and zinc chlorid.

After an escharotic is selected it must be applied proportionate in power to the necessities of the case. One to two square inches of surface is usually enough for one application. It must be applied to all suspicious tissue and the pain mitigated as far as possible.

The following conclusions fully summarize the points of the paper:

1. The value of caustics in the treatment of malignant disease depends upon the use of proper caustics and their intelligent application in suitable cases.

2. A proper caustic is one which completely destroys and removes the malignant tissue.

3. Mild caustics are inefficient and dangerous, and therefore to be avoided.

—Columbus Med. Journal.

NOTES ON SIXTY CASES OF DISEASE OF THE MASTOID PROCESS IN WHICH THE ANTRUM WAS OPENED.

Dr. Adolph Bronner, of the Bradford Infirmary, England, during the last year has operated upon a number of mastoid cases. Of the 60 cases referred to, 19 were under 10 years of age; 20 under 20 years, 12 under 30 years and eight over 30 years of age; 39 were males, 21 were females; 25 were acute and of under one month's duration. In 17 cases there was an external fistula. In 21 there was a mastoid abscess. In 10 the mastoid process was thickened. In eight there was no swelling, but pain on pressure, and in four there were no objective or subjective symptoms whatever in connection with the mastoid process.

In 45 cases there was either a fistula or some superficial caries of the bone found at the time of the operation, and in 15 cases chiselling to some depth was necessary before striking pus or the antrum. In eight cases the operation failed to relieve the symptoms and the patient died in from one to fifteen days.

—Am. Jour. Med. Sciences.

Therapeutics.

Under the charge of Louis Lewis, M. R. C. S., Philadelphia.

LOSOPHAN IN DERMATOLOGY.

The following account of Losophan occurs in the International Medical Annual of 1894; "This is said to be a triiodo-cresol. It contains 80 per cent. of iodine, is soluble in alcohol, and is readily taken up by fatty substances. Saalfeld has found it of especial value in parasitic affections of the skin, both vegetable and animal. In sixteen cases of tinea tonsurans of the face and body thirteen were cured and three much improved; and in three cases affecting the scalp one was cured and the others much improved. In some cases of parasitic sycosis good effects were obtained, but when necessary, epilation was also had recourse to. It was not useful in scabies, but proved beneficial in some cases of prurigo, chronic eczema with infiltration, sycosis vulgaris, and acne vulgaris and rosacea. To this must be added that aside from its antiparasitic and stimulant effects Losophan has been found to exert a marked influence in allaying itching in diseases of the skin. Dr. Waugh especially has called attention to this valuable property of the drug, which was strikingly exhibited in two cases of pruritus ani and one of pruritus vulvæ which had resisted all other treatment. It should be borne in mind that in order to obtain the best results from Losophan it must be thoroughly dissolved in oil and not simply mixed with fats, and that stronger solutions than 10 per cent. are rarely required.

SOMATOSE, A NEW MEAT NUTRIENT AND ADJUNCT IN INFANT FEEDING.

The requisites of a food for the sick are that it shall be digestible, readily assimilated, pleasant to take, and free from irritating effects upon the gastro-intestinal tract, but above all, that it shall contain in small bulk a large amount of available nutrient material. It has been found as the result of careful dietetic experiments that to be utilized completely in the organism a nitrogenous food should consist essentially of albumoses, and it has been further shown that peptones possess but little nutritive value, and on account of their irritant effect on the digestive tract and bitter disagreeable taste are not well tolerated by patients. Somatose, the new meat nutrient, has been prepared in conformity with the most recent teachings of dietetics, consisting almost entirely of albumoses, with only a minimum quantity of peptones. It is practically tasteless and ordorless, and this, together with its freedom from irritating effects on the stomach renders it especially suitable for long continued administration. It is soluble in all ordinary fluids, and may be given dissolved in milk, beef tea, gruels, cocoa and coffee, with or without milk, the latter being a particularly eligible form of administration for adults in chronic diseases. As Somatose constitutes a very concentrated and assimiliable form of nourishment small doses are only required, 80 to 120 grains being the average daily quantity for children, and 150 and 300 gains for adults. It is highly recommended as a nutrient and restorative in fevers and wasting diseases, such as phthiasis chronic gastric affections, anemia, chlorsis and during convalescence. But there is another department of dietetics in which Somatose has proved extremely serviceable, viz., as an adjunct in infant feeding. By the addition of Somatose, cream and sugar to cow's milk properly diluted, it is closely assimilated to human milk, and constitutes so perfect a substitute for the latter as to merit the name of Somatose Mother's Milk.

The following formula may be conveniently employed for preparing this food: Milk, (sterilized or pasteurized) one pint; cream, one and one-quarter ounce; Somatose, one-quarter of a ounce; powdered sugar of milk, three-quarters of an ounce; water, twelve ounces. Place the Somatose in a glass vessel containing one-half ounce of boiling water, and stir with a spoon until the Somatose is dissolved. Then all the remainder of the water, together with the sugar of milk and stir until dissolved.

Mix the milk and cream, shake well, and add to the Somatose solution. After a thorough mixture has been effected, pour into bottles, and, if desired sterilize or pasteurize in the customary manner. This combination of Somatose and milk is indicated for the feeding of healthy infants and especially of those suffering from malnutrition, tuberculosis, gastro-intestinal disorders and rickets.

ANTISEPTIC VALUE OF TRIKRESOL.

Reed (St. Louis Medical and Surgical Journal, June, 1894) states, as a result of his laboratory experiments for the purpose of testing the antiseptic value of trikresol, that this agent in one per cent. solution kills pus-germs within 30 seconds, one-third per cent. does not kill in two two hours' exposure. One advantage of this agent is that the presence of albumin in the fluids to be disinfected does not interfere to a marked extent with its germicidal action, though Reed's experiments showed that when blood-serum is used as a culture agent a minute and a half is required to kill the staphylococci and streptococci. The poisonous qualities of the drug are about the same as carbolic acid, but it must be borne in mind, in comparing a carbolic acid and trikresol solution, that a one per cent. solution of the latter accomplishes as much as four or five per cent. solutions of carbolic acid, hence the danger of poisoning is necessarily reduced four or fivefold.

It possesses marked germicidal powers, both in watery and albuminous fluids, and does not numb or irritate the fingers.

WHALE'S MILK.

The following article appeared several years ago in the Rockland (Maine) Courier Gazette:

Whale's milk is now highly recommended for certain diseases. The only difficulty that we can see in carrying out the idea is in getting the milk. Who will milk the whale? Nobody has ever tried it, and it is not known whether or not the moral nature of the whale will permit such liberties being taken. Of course, if you could get a whale of good disposition, one that is kind and affectionate by nature, there would be no difficulty; but suppose you run across a whale that is vicious, and just as you get a pail full of milk she flaps her tail around and catches you in the eye, and then steps in the pail? Though, come to think of it, a whale couldn't step in the pail, because she hasn't any feet—but we don't know as that makes any difference, either, for a yardstick has three feet and it can't step in a pail. But really and truly, and no joking, we don't see how this whale milk industry is to be cultivated. Suppose a man wants to go into it for a speculation and he advertises in advance that he will supply whales' milk to all kinds of invalids at lowest prices, with reduced rates to clubs. It will be his object, of course, to keep a stock of thoroughbred whales, though grades would not be undesirable. In order to get the best stock he would have to send a vessel after his whales and lasso a brood in their watery fastnesses. Then he'd tow them into port. Then the only way they could be milked, as it looks to us, would be by a diver, and, as sure as you live, if a stranger went poking around a whale in a suit of diving armor, he'd be certain to tickle her, and that would make her laugh, which would be liable to curdle the milk. But how could he milk in a pail under water? The water would run into the pail in that case as freely as it does in ordinary milking on land, and the result would be milk like that in everyday use, with possibly not quite so much water. Nobody is more friendly than we to new industries of this character, and we are glad to encourage anything that will ameliorate the condition of invalids, but the whale milk business strikes us as being a trifle far-fetched. Better leave the whale to furnish stiffening for women's dress waists, and lets its milk accomplishments remain uncultivated.

—Brooklyn Medical Journal.

Professor Billroth's widow has been granted a yearly pension of 2000 florins. The law allows a pension of 600 florins only to the widows of professors, and the grant of a larger sum is a mark of especial favor from the Emperor of Austria.

—N. Y. Medical Record.

Medicine.

Under the charge of E. W. Bing, M. D., Chester, Pa.

EXTRACTS FROM A LECTURE ON THE FUNCTIONS OF THE LIVER BY M. ROGET.

Of all the functions of the liver the best known is the biliary secretion. The bile contains bile salts, bilirubin and cholestrine, kept in solution by the alkalinity of the fluid. As the alkalinity of the bile diminishes or the amount of the cholestrine increases, it tends to precipitate, and this is the pathogeny of biliary lithiasis.

Catarrh of the bile ducts provokes increase of the secretion of cholestrine. The bile salts and bilirubin are important elements also, and are frequently found in the blood and urine during the progress of jaundice.

The bile pigment is derived from a transformation of the hemoglobin by contact with the liver cells. When this is increased the thickened bile circulates badly and the pigment enters the blood; but if the hepatic cells are diseased it is no longer bilirubin, but urobilin, which enters the blood, and is excreted by the urine. It is the pigment of a diseased liver.

The secretion of sugar is another hepatic function, and when, from any cause the sugar in the organism becomes excessive and appears in the urine, we have the condition termed glycosuria.

Although diabetes is probably not of the hepatic origin it is no less probable that there exist two distinct hepatic glycosurias—the first connected with over activity of the functional power of the liver, as seen in certain poisonings and following punctures of the flow of the fourth ventricle; the other, due to insufficiency of the hepatic cells, which no longer arrest the sugar carried by the portal vein, so that it is distributed to the organism proportionately as it reaches the liver. The latter condition is intermittent, while the former is permanent.

The liver also has another function, that of modifying fats, albuminoid substances and peptone.

The extractive matters, lineine, tyrosine, zouthine, are oxidized into urea. The liver has an arrestive action on poisons. It has the faculty of stopping a large number of vegetable and animal substances and of transforming them into less toxic products, or of destroying them, and also the same action on poisons formed in the body. That is why, when the hepatic cells are diseased, the individual is in imminent danger of intoxication from this cause.

It has been asked if all the functions of the liver devolve on the same anatomical elements. Claude Bernard held that the liver was made up of two distinct glands, the one for the biliary function, and the other for the glycogenic function, but we now know that the hepatic cell fulfills all the functions in common, and if one function is affected all suffer.

—Annales de Medicine.

ANEMIA OF CHILDREN.

In an anonymous article it is recommended that children who are the subjects of hemophilia should be given three times a day one or two drops of solution of perchloride of iron in water, and with their food a dessertspoonful of syrup of hemoglobin in a little water.

—Journal de Medicine de Paris, vol. 1., p. 206, 1894.

ANOTHER PASTEUR FAILURE.

The Times of Monday last announces the death from hydrophobia of a young officer named Stevenson who had only recently undergone a course of Pasteur treatment. Two months ago, while serving with his regiment in India, he was bitten by a dog which he stooped to stroke—the animal's teeth just penetrating the skin of one finger. The bite seemed to be trivial, but the dog was found to be suffering from rabies. Mr. Stevenson hurried to Paris and placed himself under M. Pasteur's care, and

about a fortnight ago he returned home to Birkenhead, apparently none the worse and seemingly in robust health. But the virus had not been conquered. Last Monday week Mr. Stevenson became ill, and a peculiar form of partial paralysis set in, the throat alone being affected, and he died on the following Wednesday.

—London Medical Times.

DR. HERBERT SNOW ON PRACTICAL RESEARCHES IN CANCER.

Opium was of old styled the "Divi donum"—the special gift of the gods to men. In respect of no diseased condition is this more true than in reference of cancer; but, unfortunately, a great mistake is made by the profession in withholding this beneficient drug until pain compels its use. Such a practice is simply barbarous. In order to secure its full measure of benefits the medicine must be resorted to in the very earliest stages, whenever it is evident that radical extirpation by surgical methods is impossible. Thus used, no therapeutic agent we possess so nearly approaches the ideal of cure by medicinal treatment; and that deplorable vantage ground of cancer, the female sexual organs, most markedly demonstrates the fact. Give opium continuously to a woman, for example, in the early stages of mammary carcinoma, and ulceration will be long delayed, often wholly prevented; the case passing into the shriveled atropic stage, compatible with many years of comfortable life. Opium and its derivative, morphine, appear to me to exert a strong inhibitive effect upon the growth of cancer-parenchyma; not, it is true, wholly terminating, but always materially checking, the cell-poliferation. In my published lecture "The Palliative Treatment of Incurable Cancer" is cited a case in which a large measure of apparent absorption of widely scattered skin deposits was attained; but it would be too much to hope for such success under all conditions. The good effects of opium are to a certain extent scientifically comprehensible when taken in conjunction with the indisputable frequency of supervention of mammary or uterine cancer upon an epoch of keen mental distress and anxiety.

—London Practitioner.

DOES ELECTROCUTION KILL?

A few months ago a sensation was created by the assertion of D'Arsonval, the French expert on electro-physiology, that the electric current as applied to condemned criminals for purposes of electrocution did not kill, but only suspended the vitality of the subject operated upon. He maintained that all those who had apparently been electrocuted had died, not from the effects of the current, but by the knives of the physicians who made the autopsy, and he dared the American physicians to try to resuscitate the next criminal who was subjected to the death-dealing current.

The challenge was discreetly ignored by the authorities interested in this country, but an instance of the restoration of a person apparently electrocuted has just occurred, which can only be taken in the light of an absolute confirmation of M. D'Arsonval's theory. In such cases M. D'Arsonval insists that the same treatment should be tried—with the object of inducing the lungs to recommence their normal respiratory functions—as that for restoring the vitality of the apparently drowned.

A workman at the St. Denis generating station was putting up a telephone wire. While seated at his bracket he inadvertently touched a wire on the main transmission line, and instantly had 4500 volts through his body. It was some minutes before the current could be cut off, and it was three-quarters of an hour before he could be got down from the bracket. Artificial respiration was immediately tried. In two hours the man could talk, and he is now apparently none the worse for the accident.

—Exchange.

PREVENTION OF MORTALITY IN CHILDREN IN SUMMER.

Dr. C. E. Page, in the Philadelphia Polyclinic, August 25, states that in his opinion there would be less mortality among children during the heated term if physicians would direct rest for the stomach, cool surroundings and frequent sips of cold water, rather than feeding with patent foods, giving medicine or brandy or "stuffing" the child.

Miscellany.

"HOW TO MAKE THE MOST OF LIFE."

The Grindelwald Conference held last year was marked by a new feature. In addition to the religious discussion which had previously taken place there was opened on August 13 a literary and scientific department, the debates in which were to continue at intervals for a month. The introductory address in this section was given by a member of our own profession, Sir Benjamin Ward Richardson, with after addresses delivered by Sir Robert Ball, Mr. Whymper, Mr. Carus Wilson, Mr. Edmund Gosse, and several others. The title of the introductory address was, "How to make the Most of Life," the lecturer dealing naturally with the physical side of the question in the first place. He set forth by stating that, according to his views, that man or woman who trained himself or herself in the best bodily and mental health made the best of life. He considered the bodily welfare first, not because he reckoned it more important in itself, but because the health of the mind so largely depends on the health of the body. He then described the various conditions leading to good bodily health, and showed how a good engine outlived many of its masters because they attended to it more carefully than they attend to their own bodies; kept it clean, made it regular in its work, freed from obstruction in its furnaces, and fed it with proper and simple fuel and pure air. He then traced the relationship of life to maturity, indicating that life should extend five times the period of maturity, so that a man taking twenty-one years to mature should live to 105 years. Such length of life was exceptionally obtained, which showed the possibility of the occurrence; and why it was not more widely obtained in the human species was due to errors, often of the grossest kind, some of which were pointed out. In passing to the question of mental health the lecturer dwealt on three subjects—diligence, learning and travel.

Diligence he thought a better term than work, because it included everything; diligence in labor, in play, even in sleep. "Blest are the diligent who can command time, nature's clock." Of learning he said that the most important was historical, and amongst the historical the most important was biographical. "Know the life of a man of any period," he remarked, "and you must then know not only the man but his period also." The fact was illustrated from several instances, but especially from such as showed the existence of great men who in their own time were practically unknown: men, for instance, like Stephen Gray, who in the early part of last century carried from the Charterhouse to Faversham the elementary parts of our present electrical science in the little basket from the contents of which he laid down the first elementary electric telegraph. Dealing with travel, Sir Benjamin Richardson treated on the marvelous expansion of the mind that came from excursions over the world. The famous Dr. William Harvey and men of his school made the "grand tour" in their day. They went to Italy, came back, as it was said, "Italianated," and were thought to be remarkable scholars. Now men went all over the globe; the whole world became their Italy, and they might be said to be "planetated." This was a mode of learning in which the surface of the earth became the living map, the spoken languages, the living grammars—a mode that must extend day by day as the mind yearned for more knowledge and the power that springs from it. He saw no end to a line of learning by travel now inaugurated, and he suggested as the next step that university ships should be manned, not with guns and fighting men, but with professors, laboratories, observatories and libraries, and in which voyages of research should be made by all classes round the world, England, as mistress of the seas, leading the advance.

—The Lancet.

A MEDICAL SYNDICATE.

We read in one of the religious weeklies an enthusiastic notice of the adoption, by two churches, in a town in Iowa, of a plan of assessing every church member 50 cents a month: and

in return offering free medical attendance and three dollars a week during illness, with the entire funeral expense in case of death.

—Polyclinic.

SANITATION SUNDAY.

We have labor day and hospital Sunday, and other interesting memorial occasions, but the English churchman goes ahead of the record and proposes a "Sanitary Sunday." The Church Sanitary Association suggests the seventh Sunday after Trinity be known as Sanitation Sunday, because the gospel for this day contains the record of Christ's disciples distributing wholesome food to those who were already in the enjoyment of fresh air, pure water and abundant light, thereby indicating the Divine will that man shall enjoy fullness "as well for the body as the soul."

—N. Y. Medical Record.

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

Resolutions adopted at a meeting held in San Francisco, Cal., June 7, 1894:

Resolved, that colleges members of this association shall require of all matriculates an examination as follows:

(1) An English composition in the handwriting of the applicant of not less than two hundred words; said composition to include construction, punctuation and spelling.

(2) Arithmetic, fundamental rules, common and decimal fractions and ratio and proportion.

(3) Algebra, through quadratics.

(4) Physics—Elementary—Gage.

(5) Latin—An amount equal to one year's study, as indicated in Harkness' Latin reader.

(The above resolution does not apply to students exempt from the entrance examination, as per Sec. 2, Art. III).

Resolved, that the following classes of students be recognized as entitled to apply for advanced standing in colleges members of this body:

(a) Such graduates of recognized colleges and universities as have completed the prescribed courses in chemistry and biology therein.

(b) Graduates and matriculates of colleges of homœopathy.

(c) Graduates and matriculates of colleges of eclectic medicine.

(d) Graduates and matriculates of colleges of dentistry requiring two or more courses of lectures before conferring the degree of D. D. S.

(e) Graduates and matriculates of colleges of pharmacy.

(f) Graduates and matriculates of colleges of veterinary medicine.

It is provided, however, that the above classes of students be required to comply with the provisions of the entrance examination and to prove their fitness to advanced standing by an individual examination upon each branch below the class he or she may desire to enter.

Resolved, That students graduating in 1899 or subsequent classes be required to pursue the study of medicine four years and to have attended four annual courses of lectures of not less than six months' duration each.

ETHEREAL SOLUTION:

Listol ..... 10 gm.
Ether ..... 100 gm.

LISTOLIZED COLLODION:

Listol ..... 1 gm.
Elsstic collodion ..... 9 gm.

LISTOL OINTMENT.

Listol ..... 10 gm.
Olive Oil ..... 20 gm.
Lanolin ..... 70 gm.

LISTOL CRAYONS:

Listol ..... 5 gm.
G. acaciae ..... q. s.
(Makes 5 crayons; may be used in the uterus in endometritis).

LISTOL SUPPOSITORIES:

Listol ..... ½ to 1gm.
Cacao butter ..... q. s.
(For one vaginal suppository).

BOOKS AND PAMPHLETS RECEIVED.

CHAIRMAN'S ADDRESS. By Joseph Eastman, M. D., LL. D. Reprinted from the "Journal of the American Medical Association," August 4, 1894.

ONE HUNDRED YEARS OF BUSINESS LIFE, 1794-1894. W. H. Schieffelin & Co., New York.

FUNCTICNAL DYSPEPSIA, SO-CALLED. By R. C. M. Page, M. D. Reprint from the "New York Polyclinic," December, 1893.

TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND, NINETY-SIXTH ANNUAL SESSION, HELD AT BALTIMORE, MARYLAND, APRIL, 1894.

The Times and Register.

Vol. XXVIII. No. 11. Philadelphia, September 15, 1894. Whole No. 836.

Original.

A REPORT OF NINE CASES OF CONTUSIONS AND SPRAINS OF THE BACK, WITH SPECIAL REFERENCE TO THE EARLY TREATMENT OF THESE INJURIES.*

BY HENRY R. WHARTON, M. D.

During my term of service in the Presbyterian Hospital in 1892 there were admitted to the surgical wards nine patients who suffered from contusions and sprains of the back, and it has occurred to me that a short description of the method of treatment, which I have employed with the most satisfactory results in this class of injuries, might be of some interest to the Fellows of the Academy.

Case I.—J. P., aged 28, gardener, who was admitted to the hospital May 5, 1892, received a blow upon the back in the left lumbar region from a heavy wooden tub, which caused him severe pain. An examination after admission proved that there was no injury to the spine, but there was intense pain upon pressure in the left lumbar region, and also severe pain upon motion. The patient's back was strapped with adhesive plaster, and two days afterward he was able to sit up with comfort, and he was discharged from the hospital on May 9.

Case II.—H. P., aged 19 years, fireman, was admitted May 12, 1892, with the following history: While standing on the edge of the tender of a locomotive he slipped and fell between the tender and the station platform; the engine was moving at the time, and he was rolled between the tender and platform, being severely squeezed in the lumbar region.

Upon examination after admission, no fracture of the spine or pelvis could be detected, but the patient complained of intense pain in the back, was unable to stand, and suffered from retention of urine. The back was firmly strapped with adhesive plaster. Upon introducing a catheter, a large quantity of bloody urine was drawn from the bladder, and after this the patient passed the urine voluntarily, which was deeply tinged with blood for four days. The patient improved steadily, and was discharged frm the hospital on May 27, being able to walk, but still having some tenderness in the lumbar region, this part being still supported by means of adhesive straps.

Case III—J. G., aged 25 years, steam fitter, was admitted on May 20, 1892. The patient stated that while boarding a moving train at Powelton avenue he was thrown against the milk platform, striking his back and shoulder. An examination, on admission, showed slight contusion of the shoulder and marked contusion and tenderness over the lumbar region. The patient was unable to walk, and complained of severe pain upon pressure and upon making any movements. The back was strapped, which gave great relief. The patient also suffered from retention of urine, requiring the use of a catheter.

* Read before the Acad of Surg, May, 1894.

The patient was discharged in good condition on June 4.

Case IV.—D. D., aged 43 years, bricklayer, was admitted to the hospital on May 23, 1892. The patient stated that while standing on a platform sixteen feet high, laying brick, the wall was pushed over by a derrick and he was thrown to the ground, striking upon his back. An examination after admission showed marked contusion of back and shoulder, great tenderness upon pressure and motion, and some tenderness over the spinous process of one of the lower dorsal vertebræ. The back was strapped, which gave great comfort. The patient was kept in bed for a week, and was discharged on June 6, in good condition.

Case V.—R. C. W., aged 27 years, brakeman, was admitted to the hospital on May 28, 1892. The patient stated that he was knocked off the top of a car on which he was riding, and was thrown to the ground, striking upon his back. On examination there was marked contusion of the back in the lumbar region, tenderness upon pressure, and inability to stand or walk. The patient's back was strapped,which gave him marked relief, and he was discharged on June 30.

Case VI.—A. W., aged 28 years, trucker, was admitted to the hospital on May 31, 1892. The patient stated that while moving a heavy slab or stone it fell and struck him upon his back. An examination after admission to the hospital detected no fracture of the vetrebræ, but there was great soreness and tenderness on pressure in the lumbar region. The back was strapped, and the patient was discharged from the hospital on June 3, in good condition.

Case VII.—J. C., aged 19 years, iceman, was admitted to the hospital on June 12, 1892. The patient stated that he slipped while crossing the street, and fell, striking his back upon the curbstone. He was unable to walk, and was brought to the hospital by the patrol. Upon examination after admission it was found that the patient had great pain in the left lumbar region, but there was no evidence of fracture of the vertebræ. The back was strapped, which gave him immediate relief. This patient suffered from retention of urine, and upon evacuation of the bladder it was found that the urine was bloody. The patient did well, and was discharged on June 14.

Case VIII.—W. McN., aged 35 years, brakeman, was admitted June 22, 1892. The patient stated that in a freight wreck at Tacony the car on which he stood was thrown from the track, and he was thrown to the ground, striking upon his back. An examination after admission showed that he was suffering from contusion of the back and foot. The back was strapped, and the patient was discharged in good condition, on June 25.

Case IX.—L. B., aged 25 years, was admitted to the hospital June 25, 1892. The patient stated that while standing on the top of a freight car he was knocked off by the Spring Garden street bridge, and was thrown to the ground, striking upon his back.

On examination after admission he was found to be suffering from severe contusion of the back, but there was no evidence of fracture of the vertebræ. The back was strapped, which gave him marked relief. The patient also passed bloody urine. The patient did well, and was discharged on June 28.

It will be noticed in the above cases that the lumbar-dorsal region of the back was the part most frequently injured, and this part seems to be that which was most commonly the seat of contusions and sprains. As regards the treatment of contusions and sprains of the back, I consider that rest in bed is a matter of the first importance, and in addition I have found that the pain and general discomfort of the patient is much diminished, and the time of treatment much shortened by having the back firmly strapped as soon as the patient came under observation. The strapping of the back is effected by taking strips of resin-adhesive or of rubber-adhesive plaster 2½ inches in width, and long enough to extend half way around the body; these are applied so as to cover in the back, one strap slightly overlapping the other, from a point just below the junction of the last lumbar vertebræ with the sacrum to the lower ribs. These straps were often removed at the end of two or three days, and the back was restrapped if the pain and tenderness still persisted. The straps were usually allowed to remain in place until the patient was up and about, without complaining of pain or discomfort in the region of the injury. In cases of severe contusion the straps often require renewal a number of times.

This method of treatment of contusions of the back was first called to my notice by Professor Ashhurst while serving as resident physician in his wards at the University Hospital, and since I have employed it I have entirely discarded the use of fomentations and stimulating lotions, which are generally recommended in the treatment of these injuries.

The treatment usually recommended in contusions and sprains of the back is warmth, frictions, stimulating liniments, anodynes, acupuncture, galvanism and massage, and of these I think massage is the most valuable, employed after the acute symptoms following the injury have subsided; but in early stages of these injuries I am convinced that strapping will be found the most satisfactory method of treatment.

I have observed that the application of straps employed as above described is usually promptly followed by relief of pain, and the fixation produced allows the patient to move with more comfort, and I am very certain, after having now employed this method of treatment in a considerable number of cases, that the time required for the recovery of the injured parts is much shortened. It will be observed, by referring to cases reported, that many of them were comparatively trivial injuries, and the patient recovered in a short time; but even in this class of cases the suffering is often very intense for the first few days. It will also be observed that Case II. VII, and IX passed bloody urine for a few days after the injury, showing that the injury had been severe enough to produce laceration or contusion of the kidney. Lidell,[1] in his very excellent article upon contusions and sprains of the back, speaks of the frequency of hematuria in these injuries when powerful blows have been delivered upon the lumbar or dorsal region of the back. The recovery, as far as I know, in all of the cases reported was satisfactory, except in Case IV. In this case the patient developed, some months after leaving the hospital, symptoms of traumatic neurasthenia, complaining of the pain in the back and head, and vertigo, and brought suit against the contractor for whom he was working at the time of the injury. From what I heard of this case, and from the fact that when it was ascertained that the patient was doing his ordinary work the suit was settled for a trivial sum, I am inclined to think that the symptoms developed were not severe, and might be classed as litigation symptoms.

In cases of severe contusion or sprain of the back, when there is inability to stand or there is present great pain on motion, and where tenderness over the spine and a certain amount of fixation is present after the injury, I think there is too much tendency to attribute the symptoms resulting to an injury of the spinal cord or membrane, which injuries when unaccompanied with fractures of vertebræ are extremely rare, whereas the injury resulting to the muscles, ligamentous structures, and nerves, with perhaps the wrenching and laceration of the vertebral articulations, is perfectly possible to account for the symptoms resulting, and I agree with Mr. Page that many of these cases are well described by the term "traumatic lumbago."

As contusions and sprains of the back are injuries which are often followed by the development of symptoms which are described as traumatic neurosis, or traumatic neurasthenia, it seems to me that these are cases which should be carefully treated when they first come under the observation of the surgeon, for I am sure that many of these cases if so treated by rest and fixation for a short time would make more complete recoveries, and would be less likely to develop the symptoms above described. In cases of contusions or sprains of the back in which symptoms of traumatic neurasthenia develop, and which give rise to litigation, it is often difficult for the surgeon to estimate how far the original shock of the system following the injury is responsible for the symptoms presented. In many cases the objective signs presented leave no doubt of the severe nature of the injury, while in other cases the symptoms complained of are mainly subjective in their character, and these are the cases which give rise to the most troublesome litigation. It is often difficult to decide whether the symptoms presented are merely assumed or exaggerated for fraudulent purposes, or whether, without any attempt to deception on the part of the patient, injuries trivial in themselves may be unconsciously exaggerated, and

1 International Encyclopaedia of Surgery, vol. iv., p. 70.

be apparently productive of serious results.

Although many severe injuries of the back apparently recover without developing such symptoms as have been described, there is no doubt that the element of compensation for the suffering and disability from the injuries received plays an important part in the exaggeration of these symptoms, and that expectancy may be justly credited with an important place in their exaggeration. In cases of serious disorder resulting from contusions and sprains of the back, often apparently trivial, the symptoms developing are usually progressive in their character, and soon there will become manifestly marked objective signs, such as paralysis, disturbances of the reflexes, loss of electrical excitability, disturbances of the bladder, loss of flesh, sleeplessness, etc., which place the existence of morbid changes beyond a doubt.

FREEDOM FROM RECURRING APPENDICITIS AFTER EVACUATION OF THE ABSCESS AND RETENTION OF THE APPENDIX.*

BY JAMES M. BARTON, A. M., M. D.

At the last meeting of the American Surgical Association I reported nine recoveries from operations for appendicitis in which the appendix was not removed. These were all cases of ruptured appendix with circumscribed abscess, with no general peritonitis and no symptoms of obstruction.

The operation consisted in opening the abdomen and using sterilized cheese-cloth to hold the movable intestines back and to protect the general peritoneal cavity while the abscess was opened and emptied. Drains were then introduced, some of the cheese-cloth permitted to remain and most of the wound closed. No attempt was made to find or remove the appendix.

Before considering the later condition of the appendix in these cases I wish to report, briefly, five more cases upon whom I have operated in the same manner, all of whom also recovered.

Mr. B., aged 23 years, a patient of Dr. Cline, of Jersey Shore, Pa. He was operated upon August 24, 1893, on the 17th day of the disease.

William C. M., aged 20 years. The operation was performed at Jefferson College on August 28, 1893, on the third day of the disease.

Harry S., also aged 20 years. I performed the operation at the Philadelphia Hospital, September 4, 1893, on the seveth day of the disease.

Richard B., aged 44 years. The operation was performed at the Jefferson College Hospital, September 17, 1893. It was the third attack, and the present one had existed for 13 days.

Miss V., aged 22 years. The operation was performed November 10, 1893, on the third day of the disease. She was a private patient of Dr. M. B. Dwight, of West Philadelphia.

My object in bringing this subject to your notice is to exhibit several of these patients and to read reports from most of the others to show that none, whose histories I have been able to follow, have been at all troubled by the retained appendix, and to learn if the experience of the Fellows of the Academy have been similar to my own.

It is becoming widely recognized that this method of operation is accompanied by a low rate of mortality. Richardson in this country, Tait in England and Reclus and Schmidt on the Continent, as well as many others, content themselves in these cases of local purulent peritonitis with protecting the peritoneal cavity and draining. Others, however, still consider that no operation is complete without removing the appendix. In the March number of the Annals of Surgery Fowler advises, in these cases, the removal of as much of the appendix as can be done without separating adhesions, but considers it necessary to remove the rest of the appendix at a second operation.

Of these fourteen cases eleven were operated upon by myself during the last two years. All on whom I have operated in this manner have recovered, and none, that I am aware of, have had any trouble with the retained appendix since.

As the mortality has been much greater when I have removed the appendix, I now rarely do so unless the appendix

*Read before Philadelphia Academy of Surgery, April, 1894.

is unruptured, or, if ruptured, only when general peritonitis has occurred.

Of these eleven cases I have been able to follow the history of eight, several of whom are here to-night for examination.

The three whom I have not been able to find were hospital cases; two of them were brought to the hospital by physicians. If either of these had had a recurrence needing surgical aid I should probably have known it.

Of the eight whose histories I have been able to follow, none have had the slightest symptom referable to the appendix since the operation. No tumor is to be felt, and no tenderness. Indeed, they all appear to have been singularly free from diseases of all sorts since the operation.

Mrs. C., aged 30 years, is here this evening, and will permit us to examine the region operated upon. The operation was performed November 29, 1892, and, though she has been using the sewing-machine steadily ever since, she has enjoyed the most robust health. The right iliac fossa is apparently entire free from disease.

I also present Wm. C. M., aged 20 years. I operated upon him at Jefferson College Hospital, August 28, 1893. He has been in perfect health in all respects since the operation, and there is no evidence of disease in the right iliac fossa.

Harry S. has also been kind enough to come here. I operated upon him September 4, 1893, at the Philadelphia Hospital. He also has been in perfect health since the operation, and presents no evidence of disease anywhere.

Dr. Marshall, of Milford, Del., informed me a few days ago that the patient, Mrs. S. on whom I operated for him on February 26, 1892, has enjoyed perfect health ever since, and that on examination he has been unable to find any tenderness on pressure or any tumor in the right iliac fossa.

Dr. Beary, of the Falls of Schuylkill, reports that Mrs. R. T., on whom I operated for him January 20, 1893, has been in perfect health since the operation.

Dr. Cline, of Jersey Shore, Pa., reports that Mr. B. has been in perfect health since the operation; indeed, in better health than for a number of years before.

Dr. Dwight, of West Philadelphia, reports his patient, Miss V., as in perfect health since the operation, and on a recent examination of the seat of the disease there is no tenderness and no tumor to be felt.

Dr. Chandler, of Centreville, Del., reports: "The patient, Mrs. M., on whom you operated for me April 3, 1893, has made a perfect recovery, and has been perfectly well ever since." He adds, "that from the operations in which he has participated he thinks the removal of the appendix in these cases is not required if good drainage is established. The appendix will take care of itself."

From the uniformity with which full and complete recovery has occurred, in the few cases that have come under my care, it looks as though the appendix is not very liable to give trouble if permitted to remain. Indeed, I think it is quite likely, in cases such as we have been considering, that the opening from the appendix into the intestine is closed early in the attack—closed quite as firmly as any ligature would close it, and there is but little probability that fecal matters will ever be again able to enter the appendix either to caus a fecal fistula to follow the operation or to start another case of appendicitis in the future.

If it were not firmly closed the pus would never have broken through the walls of the appendix, or, having broken through, the resulting abscess would not have increased in size, but would have emptied itself through the appendix into the bowel.

To further illustrate the strength of this obstruction at the base of the appendix I have observed, in several cases where fecal fistula followed appendicitis, that in none did the feces makes their exit through the appendix, but through other portions of the intestines, showing that the inflammatory deposit closing the appendix was even stronger than the healthy bowel.

The mortality following operations for appendicitis is mainly due to general septic peritonitis and to intestinal obstruction.

If we will look into the cavity of a fully-developed abscess, such as we have been considering, we can readily see how these complications may follow the search for or removal of the appendix. The cavity of the abscess is lined with a thick layer of grayish, poorly organized, aplastic lymph, filled with micro-organisms. The appendix lies buried be-

neath this lymph, and its cavity communicates freely with the general abscess cavity. The opening can occasionally be seen, and is often the only guide by which the position of the appendix can be recognized.

To tear up this fragile and infected lymph, and distribute it through the peritoneal cavity while searching for and liberating the appendix, would greatly increase the probability of establishing a general septic peritonitis.

Intestinal obstruction following operations for appendicitis is probably due to kinking of the recently separated intestines. As they reunite, covered and stiffened as they are by inflammatory deposits, they cannot adjust themselves as readily as at the first formation of the abscess.

To avoid any misunderstanding, let me state that it is only in cases of circumscribed abscess that I have been permitting the appendix to remain.

When the appendix is still unruptured, or when it has ruptured and general peritonitis has occurred, or when obstruction is present, I am in the habit of removing it.

A WOMAN IN IT.

The first Chinese medical college worthy the name established by the Chinese Government was recently opened with formal ceremony at Tien-Tsin. The product owes its origin to the intelligence and energy of the Viceroy of China and his wife, who constructed the necessary buildings, and placed the direction in the hands of a distinguished graduate of the University of Dublin, selected by the late Sir Andrew Clark. The establishment of the college is attributed to the efforts of the Viceroy's medical attendant, Dr. Irwin, and to the influence of a Canadian woman, Dr. King. Some twenty well-educted, English-speaking Chinamen have enrolled themselves as students, and the work of instruction has already been begun.

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PHILADELPHIA, SEPTEMBER 15, 1894.

THE NEW DIPHTHERIA CURE.

The diphtheria antitoxin solution of Drs. Aronson and Bering, first described in this journal April 21, (Vol. 27, page 259), is becoming very favorably indorsed by medical societies of Germany. At the Budapesth medical congress, recently held, Professors Heubner of Berlin, and Roux, of Paris, favorably commented upon the cure. Professor Roux said that he had applied it in the Children's Hospital in which, up to last year, 60 per cent. of the cases had ended fatally. This year he had innoculated over 400 children with the serum and the mortality had sank to 15 per cent. After an injection the malady changes form and disappears soon afterwards.

If in this solution we have as good a cure and prevention for diphtheria as we have in the serum of cow-pox against smallpox, the world may well rejoice as it never rejoiced before. The reports

are most encouraging and we only trust further investigation will prove the truth of what has been stated.

A BOYCOTT AGAINST PHARMACEUTICAL MANUFACTURERS.

The American Pharmaceutical Association, which met last week in Asheville, N. C., voted to boycott manufacturers who furnish physicians with their manufactured products for use in dispensing prescriptions. It is claimed by the druggists that year by year the doctors are getting more and more into the habit of filling their own prescriptions and dispensing drugs from their own offices, greatly to the detriment of the prescription business of drug stores. The resolution authorizing the boycott was the work of President Whitney, of Boston, and was adopted without a dissenting voice.

We cannot see wherein the druggists will be greatly benefited by any retaliative process against the manufacturers. The latter, at the present day, are so thoroughly sampling their products by a multitude of ambitious agents that the proportion of purchases by physicians must be relatively large. If the druggists continue their abuse of physicians, by counter-prescribing and the sale of patent medicines, they will find that, if they proceed to become aggressive, the physicians will rise en masse to the support of such manufacturers as put clean reliable goods into their offices and thus office dispensing will become a greater custom than at the present time.

CASTRATION FOR ENLARGED PROSTATE.

Hypertrophy of the prostate is one of the most painful infirmities of old age.

Strictly speaking, from a pathological standpoint, it is not a true hypertrophy, for the reason that it is not so much attributable to an enlargement from an interstitial infiltration of fibrous elements as it is to a proliferation, consisting essentially in an inflammatory deposit.

Besides, there is often an entirely new growth, the so-called "middle lobe" or "prostatic bar," which acts as a ball-valve and effectually forces back the urinary current.

Modern surgery has essayed to treat this eruption by radical surgical measures. Perhaps the most current and best-favored operation is prostatectomy; i. e., namely: through a supra-pubic incision an amputation of the bar is made. Some have tunnelled an opening through.

These operations are not difficult of performance, though they are attended with great danger to life, and are generally very unsatisfactory.

The latest device has been to castrate, the theory being that, by inducing a sort of artificial impotence, or "menopause," atropic changes will set in, the enlarged gland shrink and the impediments in time entirely disappear.

It does not appear, however, that there is any connection whatever between sexual activity and this infirmity, for many the most continent and chaste are equally, or rather more prone to prostatic obstruction than are others who have abused the generative system.

At all events it is a most extreme measure, of unquestionable value, and there is nothing yet to show that its results are any better than those secured by simpler measures; certainly they are not commensurate with the dangers to life and the sacrifice.

It may as well be admitted, and it should be generally better known, that in all ordinary cases intelligent aseptic cathterization is by all means the safest and most reliable resource within our reach.

THE ADDRESS ON SURGERY BEFORE THE BRITISH MEDICAL ASSOCIATION.

Mr. Grieg Smith, in his address on surgery before the British Medical Association at Bristol, this year, chose for his theme, "The Art of the Surgeon."

As we are always interested in the medical concerns of our British cousins, and our attention has been specially attracted by certain passages in this address, we have decided to give its consideration a passing notice in our columns, as we feel assured that they will be appreciated as timely and pertinent.

The learned speaker said that for once he would lay the science of surgery aside and direct his attention to the art; how it should be acquired, how taught, and how applied.

In many particulars we are in full accord with the essayist, but in a few others we must take a broad issue with

him. He compares the acquisition of the surgical art with the learning of a trade, and says that the student who would learn surgery must be in close touch with his master or teacher.

Clinics, he declares, are quite useless for teaching purposes. There can be no question that, if one intends to master the art of surgery, he might as well expect to learn to fiddle well by simply observing a performer as to operate with skill and safety by watching the movements of the operating surgeon. Nevertheless, to allow the general allegation to go forth that surgical clinics accomplish no good would be a grave evil, for they do fill an important part of the curriculum. When an operator will only properly prepare his cases, arrange his ideas, operate on but one or two capital cases at each clinic, and in every instance indelibly impress on the student's mind the special features of each case, the effect is of immense value, which no amount of reading can supplant.

Mr. Smith, we think, committed a grave injustice against his fellow-practitioners when he made the following utterance: "What is a surgeon?" A stranger, looking at the doorplates of any English town, might reasonably infer that there was no lack of material on which to base an answer; but then the observer does not know, as we do, that the title "surgeon" on an Englishman's doorplate means that the possessor of it is prepared to practice any and every branch of the healing art, save and excepting surgery.

* An "M. R. C. S." justly and righteously takes Mr. Smith in hand for this compliment to the profession. He says, "I write to protest against the statement, that the title surgeon on an Englishman's doorplate means that the possessor thereof is prepared to practice any and every branch of the art, save and excepting surgery; and I maintain that the great majority of general practitioners practice surgery; and, what is more, often, under most adverse circumstances, meet with general success. This statement, if uncontradicted, would give an impression to the lay mind that the science and art of surgery are excluded from the general practitioner's duties; whereas the most of his work is surgical. * * * * "I have nothing whatever to say about other portions of the address, but the above paragraph, as I read it, seems to me both unnecessary and untrue."

Well done, brave and valiant brother; it is about time we had our eyes opened on this question. The surgeon, the professor, the consultant and the specialist—how patronizingly they condescend to speak of the general practitioner!

Oh ye gods and little fishes! Can anyone wonder that all want to be professors and specialists?

Let Mr. Grieg Smith and those of other teaching faculties speak out and tell the truth. Do they bring students and practitioners from far and near, take their money, give them certificates for proficiency in surgery, when they know that these documents are fraudulent?

In America we do not have "surgeon" on our doorplates, but we have physician included, as we have put our money up for both. Faculties have taken our money and turned us loose on the public as qualified in both. No! the general practitioner does not propose to throw fame out the window, and turn over to the surgeon those simple cases because the latter tries to monopolize all the dazzle and glitter of our calling and constitute himself the omnipotent and the high-priest of the healing art.

*British Medical Journal, Aug. 15, 1894.

Book Notes.

MYXEDEMA, CRETINISM AND THE GOITRES. By Edward T. Blake, M. D., M. R. C. S. Published by John Wright & Co., Bristol, England. Price, 3s. 6d.

Coming as it does, in a time when so much is being written upon these subjects of singular relationship, this work is a welcome addition to our present medical literature.

The work is an historic account of a number of cases of myxedema, cretinism and exophthalmic goitre remarkably well illustrated by photographic plates.

The septic nature of the diseases are admirably pointed out. An autotoxis, caused by absorption of purulent products, is considered the main cause of Grave's disease in women, and, if these products abolish the functions of the thyroid, we may get myxedema. If

the products invade the cortex in a large quantity and abruptly, we get psychosis. If the invasion be more slow and dilute, we get chorea. It is also pointed out that these same products may be a cause of rheumatism in the male by action on the medulla oblongata.

Thyroid feeding and its results is the main treatment discussed of importance. Dr. Blake gives the various methods of antiseptic and germicidal treatment which has been termed "classical."

The typographical part of the work is simply elegant.

THAT DREADFUL WOMAN.

By Harold Vynne. Published by Town Topics.

The September number of "Tales from Town Topics" leads off with a decidedly strong, if somewhat racy, novelette, entitled "That Dreadful Woman." The adjective is evidently used in a satirical sense, as the "woman," so far from being a "dreadful" character, proves herself something little short of a saint before the story is done. The character is one that would, perhaps, be hard to find in real life, but the story that is told of a good woman's endeavor and failure to overcome the resultant effects of a doubtful past, and of the sublimity of the sacrifice she makes for her lover, is as fascinating as it is true. The usual collection of bright stories, sketches, poems and witticisms serves to render the September number of "Tales" a particularly tempting one. Town Topics Publishing Co., 208 Fifth avenue, New York city.

Here and There.

SHORT PRACTICAL POINTS.

Chronic enlargement of the tonsils will be benefited by painting every other day with a mixture of one-third compound tincture of iodine to two-thirds glycerine.

Hydrozone will be found of benefit in dyspeptic diarrhea of children when added to drinking water in the proportion of a teaspoonful of hydrozone to the pint of water. It acts as an antiseptic and is without harm.

Egg water is also beneficial in summer diarrhea of infants. Dissolve the white of a fresh egg in a pint of cold water that has been boiled, add a teaspoonful of brandy and a little salt.

Bovinine, combined with an antiseptic, makes an admirable dressing for burns. It should be changed once a day. Bovinine will also assist in establishing skin grafts.

In treating heart weakness in croupous pneumonia, remember that the right ventricle of the organ is attempting to force blood through a consolidated lung and that the danger lies in the overcharge of blood in this side of the heart. Relieve it by increasing vascular circulation, and not by digitalis.

Notes by the Wayside.

BY ERNEST B. SANGREE, A. M., M. D., PHILADELPHIA.

Last year I spent two months at a summer resort hotel in which there was a child of 5 years, who behaved so very badly at the table that it was a matter of general talk and comment. At every meal the child raised a wail of loud proportions and at about every other meal the culprit received sundry resounding maternal cuffs and slaps as an inducement to keep quiet, and this failing was then jerked violently out of the dining room. The whole proceeding was a mystery to me until this year, when I learned that the trouble was entirely due to the mother's singular notions on dietetics. Firmly convinced that lettuce with suitable condiments was a great aid to digestion, at every meal she liberally sprinkled with salt and pepper a large leaf of this vegetable, rolled it up in a ball and administered it to her unwilling son. He usually shut his mouth as tightly as possible, and this necessitated prying his mouth open and cramming the wad down his throat to keep him from spitting it out. Hence the daily scenes. To make the little wretch's life worse, the highly seasoned lettuce leaf caused the very trouble it was intended to prevent, so that the miserable little fellow was almost constantly a victim of indigestion, sick stomach and any amount of gaseous eructations.

Surgery.

Under the charge of T. H. MANLEY, M. D., 115 W. 49th St., New York.

SOME CONSIDERATIONS ON THE BACTERIOLOGY OF PELVIC SUPPURATIONS.

These observations were made at the Hospital Bichat.

The authors say that in their bacteriological examinations made in cases of catarrhal and parenchymatous salpingitis, besides, in hydrosalpinx, no pathogenic micro-organisms were found. In two cases of retro-uterine hematoma with fever, the cultures were sterile.

In two cases of suppuration in the cellular tissue of the broad ligament, the streptococcus was present.

In thirty-three cases of suppuration in the adnexa, thirteen were sterile; three times the gonococcus was found; twice, pure; and once in association with the bacterium coli. In this case it would seem that the infection was secondary, by the passage of the germ through the walls of the colon.

Four times the pus contained the streptococcus. In two, the pneumococci; once, in association with the bacterium coli.

In those cases containing the gonococcus the patient had a very severe attack of pelvic inflammation. Gonorrheal infection may antedate accouchement, but in the greater number of cases it followed soon after the first connection succeeding delivery. In this infection the patient will always say that for some time before trouble in the groin commenced there had been an abundant yellowish-green, vaginal discharge.

A curious circumstance was noted; that multiparas were more prone to gonorrheal infection after confinement than nuliparas.

The general systemic disturbance seemed to be in no manner influenced by the special germ present, though the deviation seemed to be modified.

In sterile cases the constitutional symptoms were sometimes severely acute, thus refuting the observations of Schauta, Hartman and Morax. Query: has the special quality of the germ present any influence on our course of procedure in operation? Being recognized, should it vary our mode of procedure?

Schauta and Wertheim recommend that in the course of operation we should make a hasty examination of the pus; something which is neither simple nor always practicable. It has been said that if the pus is sterile or contains the gonococci the suppurative pouch should be completely extirpated, though if other micro-organisms are present, it is enough to open the pyogenic membrane, suture its edges into the cutaneous border of the wound and pack with iodoform gauze. Hartman and Morax do not agree with this line of German practice and claim that by it the results are no better than by other methods.

For instance, in 216 cases, Schauta had 13 deaths. In 33 cases of pyosalpinx there were three deaths, and 14 of a mixed germ origin gave three deaths. Hartman advises total ablution in all cases at the primary operation. In 70 laparotomies practiced at Bichat since January 1, 1893, for suppurative adnexa there was but one death.

—Bulletins et Memoirs De La Societe De Chirurgie.

ANTIPYRIN AS A VESICAL ANALGESIC.

Vigneron has found intravesical injections of antipyrin an excellent remedy for pain in the bladder in many cases of cystitis. It is important that the bladder should not be in a condition of overdistension. Before washing out the viscus an injection of 10 to 20 grammes of a 1 in 25 solution of antipyrin is made into it; this is left in the bladder for about ten minutes, so as to allow time for the drug to be absorbed. When the bladder is distended the practitioner should, in order not to prolong the operation, content himself with injecting, after washing out the viscus, from 60 to 120 grammes or more of a 1 in 100 or 1 in 200 solution of antipyrin, and leaving it in the bladder. Vigneron states that the drug is quite harmless in the bladder even when the use of it is prolonged for months. When left in the bladder the remedy makes the painful contractions cease; it also acts as an antiseptic.

—Concours Med., August 11.

Medicine.

Under the charge of E. W. Bing, M. D., Chester, Pa.

FREAKS OF LIGHTNING.

A man of Trimble, Tennessee, recently took refuge under a poplar tree during a thunder storm. Lightning struck the tree and severely stunned Goldby, who lay unconscious, exposed to the rain for several hours. When consciousness returned he was horrified to discover that his skin had been turned as black as that of an African, and it has remained so ever since.

NOT ASIATIC CHOLERA.

A most satisfactory result has been reached by the thorough investigation instituted by the Marine Hospital Service in regard to the Bavarian immigrant Walther, who died at Cumberland, Md., with symptoms which local physicians took to be those of Asiatic cholera. Surgeon General Wiman sent Passed Assistant Surgeon Geddings to Cumberland to investigate the matter. The body was exhumed, and the result of a bacteriological examination showed that it was not a case of Asiatic cholera. It was found that the man had carried with him a large quantity of improperly cooked food, which contained a ptomaine, which caused his death.

Every cloud has a silver lining, but the knowledge makes it only the more gloomy to the fellow who is on the wrong side of it.

—Kate Field's Washington.

HYDROGEN DIOXIDE.

By L. D. KASTENBINE, A. M., M. D.

Professor Chemistry, Urinology and Medical Jurisprudence, Louisville Medical College; Professor Chemistry Louisville College Pharmacy.

(From the Louisville Medical Monthly.)

This remarkable liquid, which contains the greatest percentage of oxygen of any compound known, was for some time considered as a mere solution of oxygen in water, and consequently was called oxygenated water. It was afterwards obtained free from water and found to be a definite chemical compound of hydrogen and oxygen, and differing from water in containing twice as much oxygen. In this state it is a heavy, oily liquid, readily decomposing at ordinary temperatures, but if heated, with explosive violence, being converted into ordinary water and oxygen gas. When poured into water it sinks, being nearly half as heavy again as that liquid, but is miscible in all proportions with it. It has a somewhat bitter, astringent taste, and is colorless, transparent and without odor. It contains 94 per cent. of oxygen gas by weight, and will yield 475 times its volume of that gas. It bleaches the skin, hair, ivory and destroys organic coloring matter, pus and organisms with which it comes in contact by liberating oxygen gas in a nascent or active state. It is resolved into oxygen and water by certain metals, such as gold, platinum, silver and mercury in a state of fine subdivision, although the metals themselves undergo no change whatever. If the oxides of these same mtals are brought into contact with it, not only does the hydrogen dioxide lose oxygen and become water, but the oxides lose their oxygen and are reduced to the metallic state, thereby evolving an additional amount of oxygen.

Strange as it may appear, with all its energetic oxidizing action, it has no effect on phosphorus, a substance which is so readily oxidized by the air.

The preparations found in commerce are only solutions of this compound in water, and sold in different degrees of concentration or strength, rated by the number of volumes of oxygen gas they can be made to yield. A fifteen volume solution is one that will give off fifteen volumes of gas from one volume of the solution. A ten volume solution will yield ten pints of oxygen gas from one pint of the solution, and so on.

These solutions, although more stable than mere concentrated preparations, nevertheless decompose and lose their

nascent oxygen on which its powerful antiseptic powers depend, and consequently we find the commercial brands varying considerably from their reputed strengths. The solution I find containing the greatest percentage of available oxygen, is the preparation known as Marchand's, which, when perfectly fresh, is about a fifteen volume solution.

There are quite a number of different methods of preparing aqueous solutions of this interesting compound besides the original method of Thenard, the discoverer. Usually, however, barium peroxide. It must be borne in purified from all foreign matter is decomposed by such acids as will make an insoluble compound with it. The United States Pharmacopeia has adopted this compound under the official title of Aqua Hydrogenii Dioxidi, gives a process of preparing it and describes it as a slightly acid aqueous solution of hydrogen dioxide, containing, when freshly made, about 3 per cent. by weight of the pure anhydrous dioxide, corresponding to about ten volumes of available oxygen. It is made by the action of the phosphoric acid upon barium peroxide. I must be borne in mind that it is essential to employ a small amout of free acid to preserve these solutions, but if too large a quantity it would be a source of irritation when applied to denuded surfaces and inflamed mucous membranes, and consequently, officially, a preparation requiring more than o. 5. c. c. of volumetric caustic potash solution to neutralize .50 c. c. of it does not come up to the U. S. P. standard.

Of the various brands of commercial dioxides I have examined, I find Marchand's to be the one which yields the largest amount of available oxygen under all conditions of exposure, and the one which contains the minimum percentage of free acid. All the marketable articles I have seen are free from barium compounds, but the majority do not come up to the 15 volume standard, but are 6, 8, 10 and 12 volume solutiions.

In addition to its medical uses hydrogen dioxide can be employed to detect blood, in conjunction with freshly prepared tincture of guaiac. Although tincture of guaiac turns blue with a variety of substances, blood is not one of them. So in testing for a stain—say on clothing—moisten the spot with water and afterwards apply a piece of white filter paper; the slightest straw-colored stain on the paper suffices. Now add to the spot on the paper a few drops of the guaiac tincture—no coloration. Add a few drops of solution of peroxide, when instantly the spot turns a deep azure blue. Of course, if the spot turns blue by the guaiac alone, it cannot be due to blood, yet it is possible blood may be present with some other substance which has that property, and hence the employment of peroxide, in that case, would be a source of fallacy. If there is no bluing by guaiac and peroxide together, then absolutely no blood is present.

Hydrogen dioxide can be determined quantitatively by permanganate of potassium solution acidified by sulphuric acid, and the quantity of oxygen gas evolved measured in an instrument called a nitro-meter, and calculated for normal pressure and temperature. One-half of the oxygen evolved comes from the dioxide and the other half from the permanganate solution.

Another method, and the one commonly employed, is to add a volumetric solution of permanganate of potassium from a burette to a measured portion of the hydrogen dioxide solution, diluted with water and acidulated with sulphuric acid, until the permanganate solution is rendered colorless, and then a few drops more of that re-agent employed till a permanent faint pink coloration is given to the dioxide solution to indicate the completion of process. A slight calculation will give the strength of solution. There are other methods, but the two indicated are the best.

A solution of peroxide of hydrogen is usually tested by pouring a drachm of it in a clean test tube, together with an equal quantity of ether, then pouring into the tube a few drops of bichromate of potassium solution, and shaking the tube, when the etherial layer will become of a beautiful azure blue color, due to the formation of perchromic acid which dissolves in the ether.

To a few drops of nitrate of silver solution, add aqua ammonia enough to precipitate the oxide of silver, then add hydrogen peroxide when finely divided metallic silver separates. A solution of titanic acid in oil or vitriol and diluted will yield a yellow color when added to solutions of the peroxide.

Electro-Therapeutics.

Under the Charge of S. H. Monell, M. D., 44 West 46th St., New York.

ELECTRICITY IN THE REMOVAL OF FACIAL AND OTHER BLEMISHES.

In considering the process of electrolysis it should be stated at the outset that electricity does not by its inherent magnetic power cause destruction of tissue. The constant galvanic current alone may be caused to produce destruction by the chemical action within the tissues of the caustic alkalies, which are freed at its negative pole, and the acids, etc., which are set free at its positive pole. The extent of this action is entirely controllable by the skill of the operator.

A popular but mistaken idea exists on this point, which is well illustrated by the following story:

A telegraph operator applied to the writer for treatment of a nervous affection. Telegraph operators are inclined to feel very thoroughly versed in the mysteries of electricity, and could usually "treat themselves as well as any physician" but for some trifling obstacle which they incidentally encounter. A recognition of this fact will give point to my story.

The patient's mother was also an old experienced telegrapher, in active service, and had herself trained her boy to send and receive with unusual skill.

Upon receiving a letter from him (she lived in the West) that he was being treated by an "electrical specialist in New York," she quickly wrote back, with fond maternal solicitude, to be "very careful and not get electrolysis and injure himself with it."

The apparatus required for the kind of work to be described consists of a galvanic battery of low tension and a voltage that need not exceel fifteen or twenty. An ordinary hand electrode, a pair of epilation forceps, a solid needle holder and a set of needles completes the outfit. The needle holder should not contain an interrupter. Dealers make and sell handles with a device for interrupting the circuit flow, but such a procedure causes a needless aggravation to the patient and is to be sedulously avoided in general practice.

As to proper nedles, gold and platinum ones are most frequently recommended for the positive, but for negative use none are superior to fine assorted broaches bought at a jeweler's material store, and rounded down to a blunt point on a smooth oilstone. The necessity for this will be seen from the fact that a sharp-pointed instrument would pierce through the side of a hair-follicle sac so easily that the operator would not detect it; while a blunt pointed needle would follow the hair down to the root, and stop when it has reached the bottom. This is important in the removal of superfluous hairs. For other purposes sharp-pointed needles are required.

Warts, moles, birthmarks, etc., are of various forms, but we may consider them all in two classes—the elevated and non-elevated. In treating these properly the physiological action of the opposite poles must be taken into account.

If we, for experiment, insert two needles connected with the positive and negative poles of a galvanic battery and pass a constant current strong enough and long enough to produce destruction and then allow the wounds to heal, we will find that two scars remain, and if we watch these scars for some months it will be observed that one very soon turns white, sinks slightly below the surface and contracts until it is a hard cicatrix.

This results from the caustic acids, chlorine, etc., set free at the postive pole. The negative scar produced by the softening, relaxing caustic alkalies presents nearly an opposite appearance. It is quite liable to be raised above the surface of the skin and to remain red and irritable. By a combination of the action of the two poles with proper skill we hope to obtain a modified scar which will not be depresssed, contracted and unduly white, or elevated, red and irritable. The action of the opposing poles must be skillfully balanced against each other, so that the nerves may be removed permanently with as little disfigurement as possible.

This is always a matter of judgment in which experience alone furnishes the guide, taking into account that the negative scar is irritated if exposed to

cold blasts of air or subjected to irritation, that the nevus, full of bright, red arterial blood, require the predominance of the positive pole, and dark venous ones the negative; that in a plethoric or young vigorous person the positive should predominate, while in the thin, the anemic and the aged the negative should predominate.

In removing a facial tumor both needles are to be introduced, unless in some special cases it is desired to secure the action of one pole exclusively. They should be introduced with great care at the base of the nevus, parallel to the surface, and not under the tumor, but so near the bottom that the electrolytic action will destroy it thoroughly.

Inasmuch as the destructive action of the current is the same in all directions around the needle, beneath as well as above, it is very necessary to diagnose the depth of the tumor before introducing the needles in order to avoid destroying more tissue than is absolutely necessary and leaving a scar unduly large. But it is equally important to destroy all the diseased tissue around the edge of the nevus, and leave nothing but healthy tissue, or nuclei may be left for the reproduction of the tumor or the cicatrix may be left imperfectly healed.

In a vascular nevus the positive platinum needle should be introduced over the site of the principle vessels to secure its drying, coagulating effect and firm eschar where it is most needed. The after-treatment of the sore, which is really a burn, conforms to simple surgical rules, but healing may take place slowly.

In cases where there is a smooth growth of skin over the plexus of vessels, we seek to destroy the vessels but not the skin. For this purpose the needles must be insulated near the point so that no electrolytic action takes place at the seat of puncture.

It is a rather difficult thing to do. The positive needle should pierce through the centre of the tumor and be held stationary, while the negative may be inserted first on one side and then on the other till the tumor has a hard, elastic feeling, but no surface discoloration should take place. If there are signs of softening in a week or so, repeat the process. Some cases have a tendency to return and treatment is not always satisfactory. Occasionally a slough is produced before eradication is complete.

Moth patches, port wine birthmarks and all pigmentary moles, etc., are removed in a somewhat different manner, although the same principle of polar action still applies.

Instead of working through the base we here simply puncture into the nevus, at intervals of say one-sixteenth of an inch, and continue over the surface until the action around each of the needles merges and forms a continuous patch.

Very slight punctures and a small amperage only are required, and it is important that the new integument which is to cover the area should start from healthy borders. While not distressingly painful or requiring an anesthetic, yet if the mark is large the removal may be tedious, as several operations will be necessary and each allowed to heal before another is begun.

If a mole has a hair growing in it remove the hair first and wait for it to heal before attempting further. The steps for the removal of superfluous hair are as follows:

The all important point is the introduction of the needle, and the experienced operator will depend more upon his sense of feeling than on his sight. The needle should be inserted down alongside the hair to the bottom of the sack, but no further. If it is in the follicle it glides smoothly along with but very little pressure until it reaches the bottom. If it does not properly enter the follicle it will require considerable pressure to get it through the epidermis. The needle is attached to the negative pole and should be inserted while the circuit is broken, closing the circuit by having the patient bring his or her hand in gradual contact with an ordinary electrode placed conveniently near.

As to the current strength, less than 4 M. A. will be all that is required, but the intensity should not be intolerable to the patient. Usually in less than a minute of time a little frothy substance will be detected around the needle, and it indicates that electrolytic action has taken place. No destruction of tissue should be caused by using stronger currents for longer periods, but the needle should be removed and the hair withdrawn by the epilation forceps. If it comes out easily the follicle is destroyed, and the hair will not return. If force is required the hair is not destroyed, and the needle should be reinserted and the current applied again.

Avoid too frequent operations. Sittings that repeat treatment of the same site should first permit the part to fully heal. With the best operators probably 5 to 10 per cent. of the removed hairs will return. In removing one blemish avoid making another that is worse.

All this treatment takes time, and unless patients are informed of the necessity for patience they will not be prepared for the apparent delay in achieving results. Haste is often made very slowly in this branch of electrical work.

Miscellany.

ALMOST A NEW YORK DAILY.

That Democratic wonder, the New York Weekly World has just changed its weekly into a twice-a-week paper, and you can now get the two papers a week for the same old price—$1.00 a year.

Think of it! The news from New York right at your door fresh every three days—104 papers a year.

We have made arrangements by which we can furnish our journal and the twice-a-week New York World all for only $1.75 a year. Here is an opportunity to get your own medical journal and the New York World twice every week at extraordinarily low prices. See our advertisement, under index.

WANT NO PHYSIOLOGY.

The Christian Scientists of Burlington, Ia., have petitioned the school board to excuse their children from attendance when physiology is taught. The petition declares that there is no material body, and objects to having their children taught to believe there is anything so much in evidence as a stomach or a liver. It objects also to geography on the score that it recognizes a material body. The petition was refused as the school board was too painfully conscious of its own stomach, liver and other of the fabulous imaginary organs of the myth and delusion called the human body to be able to coincide with the views of the petitioners.

DR. FRANK MUHLENBERG DEAD.

Dr. Frank Muhlenberg, a prominent physician of Lancaster, died suddenly last night from congestion of the brain, after a brief illness, aged 50 years. Deceased was a son of Dr. F. A. Muhlenberg, a noted physician, and after fitting himself at Pennsylvania College, graduated at the University of Pennsylvania. He spent several years in Germany, and upon his return began practicing in Philadelphia. He continued there until ten years ago, when he removed to Lancaster and continued his practice.

A NEW DANGER.

Hamlet rudely reminds Ophelia that while God has given ladies one face they insist of making themselves another. He says he has heard of their paintings, but he makes no allusion to their teeth, and we are willing to believe that Ophelia's were the gift of Nature. Had she lived in the present day the chances are that they would have been the handiwork of the dentists, and Hamlet might possibly have learnt the fact to his cost. A young lady of New Jersey was recently kissed by her lover with such Swinburnian fervor that the gold filling fell out of one of her teeth. The ungallant swain seems to have been unwilling to pay for the necessary repairs. The result is that the engagement has been broken off, and Chloe is suing Strephon for the value of her damaged tooth. This case adds a fresh terror to love making in these days of breach of promise and of our particular protege, the bacillus basii, and it opens up a rich vein of legal questions of a novel kind. If Angelina's maiden blushes come off on Edwin's cheek, is the latter liable for the cost of their production? If a deviated septum which has (to use the words of Theophile Gautier) altered the intention of the fair one's nose to be Greek has been rectified by surgical art, is the enamored wooer liable for the amount of the fee if the structure gives way under the ardor of his embrace? Truly if this be the law the man whose fancy lightly turns to thoughts of love might, as Touchstone says, "If he were of a fearful heart, stagger in this attempt." At any rate, before sporting with Amaryllis in the shade it would be well for the lover to make sure that one of her eyes is not made of glass, and before playing with the tangles of Neæra's hair it would be prudent for him to satisfy himself that it is not detachable.

—British Medical Journal.

NO GRIEVANCE.

"Is anything the matter with that other tooth, doctor?"

"No, sir. It aches out of sympathy."

"Take it out. It can't play any Debs game on me!"

—Chicago Tribune.

KENTUCKY SCHOOL OF MEDICINE.

At the meeting of the Association of American Medical Colleges, held in San Francisco on June 7, 1894, the Kentucky School of Medicine, of Louisville, Ky., was dropped from membership in the association.—Ex.

Dr. Wathen, the dean of the Kentucky School of Medicine, denies emphatically that his school was ever a member of the Association of American Medical Colleges. It is a member of the Southern Association in good standing, and no school in this country is more strict in its requirements nor possesses a higher standard of excellence. The Kentucky School of Medicine is one of the oldest and best known institutions in the South, and its requirements, both for matriculation and graduation, are higher than are those of either the Southern or American associations. The Faculty has just completed a large hospital annex, and the clinical advantages the coming season will be equal to any, and superior to most other colleges.

—Louisville Med. Monthly.

PRELIMINARY PROGRAM OF THE TRI-STATE MEDICAL SOCIETY, ATLANTA, GA., OCTOBER 17, 18 AND 19.

TUESDAY, OCTOBER 17, 1893—Morning Session. 9 A. M. to 12 M.

Prayer by Rev. John A. Stevens.

Address of Welcome, by Dr. A. W. Boyd, President Chattanooga Medical Society.

Response, by Dr. Richard Douglas, President of the Tri-State Medical Society.

1—"Treatment of Puerperal Mastitis"—J. W. Russey, Chattanooga.

2—"Disease of the Female Bladder"—J. C. LeGrand, Anniston, Ala.

3—"The Treatment of the Diseases of the Uterine Appendages"—J. A. Goggans, Alexander, Ala.

4—"Membranous Croup, with Report of Cases treated with Tracheotomy"—R. M. Harbin, Calhoun, Ga.

AFTERNOON SESSION 2 TO 5 P. M.

5—"Treatment of the Omentum in Hernia Operations"—G. A. Baxter, Chattanooga, Tenn.

6—"Treatment of Psoriasis at Hot Springs, Ark., with report of cases"—J. Cabell Minor, Hot Springs, Ark.

7—"Serous or Watery Discharges during Gestation; their Source and Significance"—J. R. Rathmell, Chattanooga, Tenn.

8—"Tuberculosis on the Cumberland Mountains"—L. P. Barbour, Tracy City, Tenn.

9—"Symptoms and Treatment of Gastritis"—G. T. Prince, Whiteside, Tenn.

NIGHT SESSION 7.30 TO 9.30 P. M.

10—"Tubercular Peritonitis"—T. J. Crofford, Memphis, Tenn.

11—"Recent Observations of Croupous Pneumonia, with Special Reference to Prophylaxis and Treatment"—R. M. Cunningham, Birmingham, Ala.

12—"Treatment of Pyrexia"—J. A. Witherspoon, Columbia, Tenn.

WEDNESDAY, OCTOBER 18—Morning Session. 9 A. M. TO 12 M.

Prayer by Rev. C. G. Jones.

13—"Treatment of Septic Bubo"—W. Frank Glenn, Nashville, Tenn.

14—"Symptoms and Pathology of Fractures about the Elbow"—J. B. Murfree, Murfreesboro, Tenn.

15—"Treatment and Prognosis of Fractures about the Elbow"—Willis F. Westmoreland, Atlanta, Ga.

AFERNOON SESSION—2 TO 5 P. M.

16—President's Address—"Responsibilities of the Abdominal Surgeon"—Richard Douglas, Nashville, Tenn.

17—"Treatment of Stone in the Biliary Ducts"—W. E. B. Davis, Birmingham, Ala.

18—"Cholecystotomy"—Paul F. Eve, Nashville, Tenn.

19—"Pathology of the Sequele of Purulent Inflammation of the Middle Ear"—T. Hilliard Wood, Nashville, Tenn.

20—"Treatment of the Sequele of Purulent Inflammation of the Middle Ear"—G. C. Savage, Nashville, Tenn.

NIGHT SESSION—7.30 TO 8 P. M.

21—"Treatment of Varicocele"—J. W. Handly, Nashville, Tenn.

22—"Etiology, Pathology and Prevention of Opthalmia Neonatorum"—L. B. Graddy, Nashville, Tenn.

23—"Treatment of Opthalmia Neonatorum"—B. F. Travis, Chattanooga, Tenn.

THURSDAY, OCTOBER 19.

MORNING SESSION—9 A. M. TO 12 M.

Prayer by Rev. W. J. Trimble.

24—"The Significance of Albumen in the Urine in Pregnancy"—E. T. Camp, Gadsden, Ala.

25—"Medical Ethics"—J. B. Cowan, Tullahoma, Tenn.

26—"Movable Kidney"—J. B. S. Holmes, Rome, Ga.

27—"Pathology and Treatment of Goitre"—W. C. Townes, Chattanooga, Tenn.

AFTERNOON SESSION—2 to 5 P. M.

28—"Action of the Galvanic Current on the Uterine Tissue"—H. Berlin, Chatanooga, Tenn.

29—"The Elastic Dressing Applied to Incomplete Anchylosis of the Knee"—G. W. Barrier, Columbus, Ga.

30—"Report of Psychical Science, Chicago, August, 1893"—John E. Purdon, Cullman, Ga.

NIGHT SESSION—7.30 to 8.30 P. M.

31—"Treatment of Typhoid Fever"—Y. L. Abernathy, Hill City, Tenn.

32—"Naso-Pharyngeal Adenoids"—E. L. Jones, Chattanooga, Tenn.

33—Miscellaneous business.

The Times and Register.

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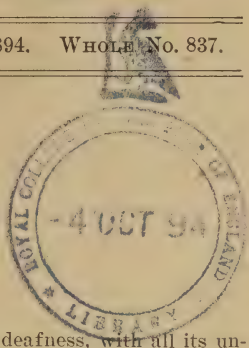

Original.

THE IMPORTANCE OF EARLY RECOGNITION AND TREATMENT OF OBSTRUCTIVE DISEASES OF THE UPPER RESPIRATORY TRACT.*

By JOSEPH S. GIBB, M. D., Philadelphia, Pa.

The introduction of a subject so time-worn and stale might require an apology were it not that notwithstanding there is a plethora of literature there still remains a singular indifference and lack of appreciation of the merits of the matter in the minds of the general practitioner. Doubtless much of this is due to the very voluminous character of the literature, which tends rather to interest those for whom the subject has an especial attraction. We read much of the histological structure of the various hypertrophies, and numerous are the instruments introduced for their destruction. We read less of the best means of demonstrating their existence, the etiological factors concerned in their production, and the prophylactic measures which may be adopted to prevent their development.

Perhaps no single abnormal condition is productive of more marked alterations in physical beauty and healthy functions than diseases producing obstruction in the upper respiratory tract. The anxious and watchful mother views with sorrow the freckling or tanning of her child's face. How much more disagreeable than these are alterations in the facial lines to such a degree as to cause a face to be expressionless; and when to this is added partial deafness, with all its unpleasant effects, we have a picture which any careful mother should strive to avoid. Were as much care bestowed on the important functions of the nasal chambers as is generally given to the skin or other tissues more directly under the eye, we would have fewer of these unpleasant pictures. Nor is this marring of physical beauty the sole deleterious results of these conditions; it can be proven that serious and perhaps grave interference with important functions follow in its wake.

In order to have a proper appreciation of the importance of the subject, we will review for a moment, and in a cursory manner, the anatomical structure and physiological purposes of the nasal chambers and their contiguous structures.

The bony nasal chambers consist of three scroll-like bodies, the turbinate bones, two of which, the middle and inferior, are accessible in the living subject, which form the sides of the chamber. A septum, separating the nasal chambers, which is reinforced by a plate of cartilage in the recent state. These turbinated bones divide the nasal chambers into three meatuses—superior, middle and inferior—into which open the various sinuses or foramina which communicate with the accessory cavities—namely, the frontal sinus, the ethmoid and sphenoid cells, the antrum of Highmore, and also the lachrymal duct. All these structures in the living subject are covered with mucous membrane well endowed with blood vessels and nerves, whilst over the turbinate bones the tissue is erectile or cavernous.

The situation of these chambers, the peculiar construction of the bones, the

(*Read before Phila. Co. Med. Society, March 14, 1894.)

unusually large surface of mucous membrane for so small a cavity, and the very generous blood supply, bespeak important functions. Bosworth claims three: (1) the first and very important function in respiration; (2) an aid in phonation by acting as a resonant chamber; (3) as an olfactory organ.

The atmospheric air as it passes through the nasal chambers is brought in contact with a comparatively large surface of mucous membrane which is rendered warm by the free blood supply and moist from the secretion of the numerous mucous glands therein contained. The effect of this contact is first to abstract from the air dust and other foreign bodies, and secondly to add to the inspired air warmth and moisture. The latter function is most important. It has been computed that over 7000 grains of water are expired from the lungs in twenty-four hours; and Aschenbrandt has demonstrated by a series of carefully conducted experiments that the source of this moisture is in the nasal chambers.

From this brief and very imperfect glance at the anatomical position and functional purposes of the nasal chambers we may draw a few important lessons. Interference with the proper and easy inspiration of air through the nasal chambers is productive of diseased conditions, not alone of those organs themselves, but of the more important respiratory structures within the chest.

It cannot be doubted that inspiration of air into the air vesicles imperfectly warmed, deprived of the moisture which nature intended it should have, must exercise a deleterious influence on the delicate mucous membrane lining these cells. I am not ready with statistics to prove the relationship between pulmonary and bronchial affection and obstructive diseases of the upper air tract, nor do I deem it necessary, for it is a matter of common experience and observation that those children whose nasal chambers are obstructed either directly by hypertrophies, polyps, etc., or indirectly by hypertrophied pharyngeal or faucial tonsils, are sunken-chested, prone to attacks of acute bronchitis and coryza, and in many respects are less healthy than other children. I am well aware that these conditions are often the result of a constitutional vice which in itself renders the subject less robust, still I am more than ever convinced that removal of the local effects of this diathetic condition results more effectually in a return to a normal condition than any plan of treatment directed solely to the condition itself. Nor is it alone the respiratory tract that suffers from these abnormal states. I have before marked that children so afflicted are apt to be in a condition of poor health generally, and it has occurred to me that perhaps this may be not entirely due to the diathetic condition which is so frequent a concomitant, but rather that the lungs, being supplied constantly with a vitiated, air, i. e., air insufficiently warmed and moistened, failed to supply the blood with a healthy, proper pabulum and hence the tissues suffer. Be the explanation what it may, we must not lose sight of the fact that a condition of ill health frequently does exist and we should bend our energies to ascertain the cause and seek its remedy.

It is not the object of this paper to elaborate on the various methods of treatment, but rather to inquire into the causation and to endeavor to point out means which may be taken to ameliorate the conditions existing and to prevent the development of more serious ones. Especially is it desired to inquire into the causative influences of obstructive diseases of the upper air-passages in young children.

Eliminating all those effects of imperfect or perverse fetal development, such as occlusion of anterior or posterior nares, cleft palate, etc., we have conspicuously prominent in the category of obstructive lesions in the upper respiratory tract—hypertrophic conditions of the turbinate bodies, of the pharyngeal, faucial, and to a lesser degree the lingual tonsil.

A glance at the records of any of our large throat and nose clinics will convince one that these abnormal conditions are far from rare; nor does even this showing give us a thoroughly accurate conception of their frequency. Too common is it to ignore or carelessly treat the various catarrhal symptoms presented to us, and this indifference on the part of the profession has led to a corresponding indifference on the part of the laity, so that only those cases of pronounced obstruction are brought to the notice of the general practitioner. Were the nasal speculum used as freely as the stetho-

scope or clinical thermometer we would be astonished at the result. Again, certain hypertrophic conditions have but comparatively recently received any measure of attention from the profession. Though faucial hypertrophies have been observed and studied from remote times, it was not until a very recent date that Meyer gave to the profession a clear idea of the significance of hypertrophic conditions of that collection of adenoid tissue at the vault of the pharnyx known as the pharyngeal tonsil; nor is the importance of the subject to-day appreciated by the rank and file of the profession, notwithstanding that much has been written about it and many instruments devised for its removal. Situated as it is, in a somewhat inaccessible or rather unobservable portion of the upper pharynx, it is only by the use of the rhinoscopic mirror that its presence can be clearly demonstrated; this being the case, it is patent that it must be frequently overlooked.

With these facts before us it is clear that, whereas our clinics show us that these states are common, they give us no adequate conception of their prevalence.

At the clinic of the Episcopal Hospital it is the custom to carefully examine the nasal cavity, the pharynx, and postnasal surfaces in every case that applies for treatment, irrespective of the fact that the subjective symptoms point to lesion in this or that locality; and in children of tender age, where a rhinoscopic examination is not feasible, if there is any suggestion of disease in this locality a finger is introduced back of the soft palate and over the vault of the pharynx to demonstrate by tactile sense the presence or absence of any abnormality. It is surprising as a result of this procedure to note the number of cases in which there are lesions of the upper pharynx in which symptoms have been overlooked by the parents.

In considering the etiology of these hypertrophies it is as well to treat of them collectively, for whereas they are often separate and distinct lesions and exist independently, they are often associated and their etiology, so far as our knowledge goes, is in many respects similar.

In the case of the glandular tissue there can be no doubt that in a few instances these hypertrophies are congenital, doubtless the effects of an inherited vice—syphilis or scrofula—carrying out the well-known tendency of these dyscraies to affect lymphatic and grandular tissue. Though this view is combated by no less an authority than Meyer, who leans to the view that it is always an inflammatory process in a tissue which normally is largely developed in infancy and childhood, at the same time it is difficult to explain the presence of this state in very young infants unless we presume this inflammatory process to have taken place during its pre-natal existence. Those cases developing subsequent to birth doubtless have as a starting-point an inflammatory or catarrhal origin.

We have demonstrated the frequency of hypertrophies of the glandular tissues and turbinates in children, and have admitted a few cases may be congenital, which leaves the vast majority to have its development subsequent to birth; and, as it is our belief that its causation lies in some condition outside of the child, at least in part, it is now our endeavor to seek out those causes, and, if possible, lay down certain laws looking to their eradication, or, at least, amelioration. Here, as with other diseases of insidious approach, an early recognition is productive of much good.

Among the general causative agencies which it is not entirely within our power to relieve may be mentioned atmospheric conditions incident to residence in temperate climes, and especially near the seaboard; the method of heating houses in cities by dry air frequently derived from an unsanitary source; carelessness in the dressing of infants, and trusting them too much to the care of servants, who unnecessarily expose them. All these and others exercise an influence in the production of the disease, but only in a general way. The prophylactic remedies are obvious and suggest themselves.

The various catarrhal conditions which the above enumerated disturbing influences of our environment occasion are of much importance from an etiological standpoint. There can be no doubt that it is here we have the starting point of the hypertrophic process. A simple coryza is neglected; the child is not even protected from the causes which produced it—the result, one coryza succeeding another the entire sea-

son. The effect of a long continued inflammatory process is precisely the same in the nasal and pharyngeal tissues as in the other tissues of the body —namely, increase in the connective-tissue growth, increase in the cellular growth. And it is just here by a knowledge of the effects that the family physician's advice and counsel can be of so much value and save so much misery and suffering to the child—so much mental anxiety and mortification to the parents. I believe that parents should be taught that a coryza is by no means so simple or harmless an affair as is commonly believed. It is better to err on the right side—better by far to give some attention (possibly needless) to a few attacks of coryza than to sit quietly by doing nothing and permitting the production of obstructive masses in the upper air passages that may alter the child's expression and posibly injure the health.

Parents should further be taught that repeated coryzas indicate a diseased condition of the nasal or pharyngeal mucous membrance, demanding prompt and thorough treatment. The physician should himself insist on making a careful examination, aided by the nasal speculum and rhinoscopic mirror, and should lay down a plan of treatment which his ingenuity will suggest, and persevere with it until the conditions yield; and I believe in this way, and in this way alone, can we hope to have any measure of success.

Conspicuous in the category of special causative agencies may be mentioned the eruptive diseases of childhood, and especially those in which the fauces and nasal chambers are involved in the diseased process. Foremost among these may be mentioned diphtheria. The well-known tendency of diphtheretic processes to attack glandular tissue is well exemplified in the post-nasal spaces. We are familiar with the appearance of the diphtheritic membrane on the tonsils, but usually the examination of the other mucous surfaces is not made, and we remain in ignorance as to the extent of this process into the nasal chambers and vault of pharynx. Doubtless, if careful examination was carried out in every case, we would find the proportion in which these structures are involved to be very large. I have no doubt that many of the cases of so-called reinfection are in reality those in which there has been an involvement of the pharyngeal tonsil in the diphtheritic process. When an examination of the tonsils reveals an absence of the familiar membrane and a subsidence of the inflammatory condition, we are lulled into a sense of security and perhaps relax in our vigilance unmindful of the fact that the disease is perhaps making insidious inroads at a spot beyond our unaided view. However, we are not concerned with this at present; sufficient is it for us to know the extreme susceptibility of the mucous surfaces in this disease.

After the subsidence of the diphtheritic process it is very common to have a catarrhal condition continuing for a considerable period; this is especially noticeable in cases in which the nasal mucous mebrane has been implicated; though it frequently occurs where there has been no perceptible involvment of the nasal chambers, and I believe it is just in these cases that there has been a diseased process going on at the vault of pharynx. The explanation of this mucous discharge and other evidences of a catarrhal condition is doubtless due to alterations in the nutrition of the part, in consequence of the high grade of inflammatory action, and also to septic absorption. Were an examination made at this time we would likely find a hypertrophic condition either in the nasal turbinates or the pharyngeal and faucial tonsil. Though, doubtless, the majority of these cases do well without any special treatment directed to the part, yet in a certain number the catarrhal condition persists, and especially is this likely to occur in those children who seem prone to catarrhal states, and the foundation is laid for the formation of masses of hypertrophied tissue.

The beneficient offices of the family physician can be here admirably employed. It is not wise to pass over lightly the persistence of a catarrhal state after the subsidence of the inflammatory symptoms. Treatment employed at this time and persisted in until an amelioration takes place can be productive only of good.

Scarlatina, as is well-known, expends at least a part of its energy on the mucous membrane of the fauces; though, unlike diphtheria, rarely involves the nasal chambers. Here, as in the foregoing, the inflammatory action is so high, often to the production of false mem-

brane, as to exercise a baneful influence upon the nutrition of the tissue and aid in the production of hypertrophies. We are all familiar with the fact that hypertrophies of the faucial tonsils are a frequent sequela of this disease. The same process that gives rise to hypertrophies in this tissue is at the same time exerting its influence on the tissues of the vault.

It is needless to dwell on this; the too familiar sight of catarrhal conditions as sequelæ of scarlatina precludes any argument to the contrary as to its position as a causative agent in the conditions under consideration. Nor is it hardly necessary to refer to the necessity for prompt treatment—one word, however, on this point. It seems to me an imperative duty on the part of the medical attendant to insist on an examination, and if necessary subsequent treatment in every case where a catarrhal condition evidenced by a mucous or muco-purulent discharge from the nose, a thick voice, and mouth-breathing persists, after all evidences of the exanthemata have passed away.

Measles, though commonly regarded as a light and insignificant disease, is exceedingly apt to leave some trace of its existence. The explanation of this is evident. Not commonly menacing life, it is, however, very active in its attack, and this activity is exerted on the mucous surfaces in the entire respiratory tract. Mothers should be informed of the fact that with care the course of the disease will be benign, but without it there is extreme probability of catarrhal affection with all its unpleasant consequences being left as a sequela. And here, as with others, active treatment should be insisted upon if the catarrhal symptoms persist after the subsidence of other evidences of the exanthemata.

The other exanthemata and febrile diseases, such as rotheln, variola, varicella, typhoid fever, etc., exert a certain amount of influence as causative agents, but only in a general way, as any alteration in health will do. The diseases mentioned, viz., diphtheria, scarlatana, and measles, exert a special influence because the diseased condition seems to expand itself on the mucous surfaces, producing alterations and perversion of function.

The clinical picture presented by sufferers from obstructive diseases of the upper respiratory tract is absolutely characteristic, and especially is this true as regards the alteration of facial lines and changes in expression. Naturally this obstruction to the entrance of air by the normal route, viz., through the nose, necessitates its seeking some other mode of ingress to reach the lungs; the only other way is through the mouth, and hence we have the condition of mouth breathing with all the discomfort and unpleasant effects which such a condition entails. Long continued mouth breathing brings into play muscles about this orifice not usually called upon for excessive work, and at the same time nominally put at rest muscles about the nose whose functions are not called into play; the result is an alteration of facial expression to such a degree in well-marked cases as to give to the child a stupid, almost idiotic appearance. The obstruction in the case of the pharyngeal tonsil may become so excessive as to encroach on the pharyngeal orifice of the Eustachian tube, interfering with the proper supply of air to the tympanic cavity, thus inducing catarrhal or inflammatory conditions of the mucous lining of this tube and also of the tympanic chamber. The result of this is dullness of hearing or even complete deafness.

The normal course of the secretion from the numerous mucous glands in the nasal chambers is obstructed and hence flows back into the naso-pharynx; added to this we have a greatly increased secretion from the adenoid vegetations at the vault. During sleep this mucus collects in the pharynx, and as the child is obliged to breathe through the mouth we have associated loud snoring with rattling and gurgling of air through the mucous secretion; hence the sleep of the child is restless and fitful and the annoyance to other members of the household excessive.

We have then as the salient features of a case we are attempting to portray: mouth-breathing, snoring, rattling of mucous in the fauces, and disturbed sleep; a dull, listless expression of countenance; hardness of hearing and in many cases impairment of general health, causing the child to be anemic, sunken-chested, prone to catarrhal attacks, and of stunted growth.

Much has been written and various are the opinions as to the treatment of these distressing conditions. We are

not concerned in this article whether it is the proper method to remove adenoid growths by forceps, curette, or finger; to diminish hypertrophied turbinates by means of galvano-cautery snare or escharotics, but a few words in conclusion as to the management of cases in their incipiency may not be amiss.

Mothers should be urged not to neglect a persistent snuffle in the child, to regard as trivial the continuance of a mucous discharge after diphtheria or the exanthemata. Physicians, on the other hand, should not pass these complaints lightly by ignoring them or directing in an indifferent manner some simple and likely inefficient remedy.

The management of hypertrophies at this early stage is as simple as the results are happy. After a careful examination the nares and upper pharynx should be cleansed of mucous by an antiseptic and detergent spray, e. g., Dobell's solution, Seiler's tablet, listerine in diluted solution, etc., and then applications made to the affected mucous membrane of an astringent or alterant, depending on the condition of the parts. Should we find simply an increased secretion with no appreciable alteration in the turbinates, tonsils, and surrounding tissues, it is likely we will accomplish all that could be desired by directing spraying of the nares thoroughly by one or other of the solutions mentioned twice daily and continued faithfully until the membrane presents a normal appearance and the secretion ceases.

In cases still farther advanced in which we find the turbinates quite red and somewhat swollen; the pharyngeal tonsil secreting more mucus than normal, and rather large; the faucial tonsil red and somewhat hypertrophied, we will find it advantageous to use some application to diminish the inflammatory condition. These applications may be made quite painless by spraying the parts with a 5 per cent. solution of cocaine or introducing a cotton tampon saturated in the same solution. In the nares a solution which has gained favor in the various clinics devoted to these diseases is that of iodine. The strength of the solution may be graded by the severity or obstinacy of the case. It is well to begin with a weak solution, increasing the strength as the necessities of the case demand. In some cases which resist this plan of treatment a touch of the fused bead of chromic acid along the turbinates will often accomplish the desired object; this latter plan should be immediately followed by the antiseptic spray to dilute and limit the destructive power of the escharotic. It is merely necessary in these early cases to touch the mucous membrane lightly to produce a superficial eschar; the resulting slough and subsequent contraction will so squeeze the blood vessels as to bring about the desired diminution in the size of the tissues.

The pharyngeal tonsil also in many cases will respond satisfactorily to application of iodine on a pledget of cotton carried by an applicator so curved as to pass readily behind the soft palate and up to the vault. Glycerole of tannin has been found to act very happily, though, perhaps, a little more unpleasant in its effects. The application of chromic acid (fused) to a pharyngeal tonsil should not be advised, though, undoubtedly, as useful as in the nose, unless the operator is steady and familiar with making applications by the aid of the rhinoscopic mirror.

It would be hardly necessary to refer to the treatment of catarrhal and slight hypertrophic conditions of the faucial tonsils, the result of the causes named, were it not that here, in spite of the ready accessibility of the part, they are subject to neglect. The same process of cleansing is as necessary as in the other hypertrophies, after which an application of a solution of 60 gr. to the drachm of nitrate of silver, glycerole of tannin, or in stubborn cases producing a superficial slough, by fused chromic acid, will probably answer every purpose.

In the more advanced cases or in those which fail to respond to the above-outlined plan of treatment and a steady increase of the hypertrophied tissues occurs, there is but one plan which should be carried out at as early a date as possible, namely, a destruction of the hypertrophied tissue. The various plans to accomplish this object will not be touched upon, but can be readily learned by consulting any of the modern treatises devoted to the treatment of diseases of the nose and throat.

In recapitulation the object of this paper has been to call attention to the following points:

1. The importance and desirability of early attention to diseases of the upper respiratory tract consisting of the nose and naso-pharynx.
2. The production of alteration in nutrition and possibly pulmonary and bronchial troubles by hypertrophic conditions of the upper respiratory tract.
3. The etiology of these states referring to the influence of environment and especial memtion of diphtheria and the exanthemata as prominent factors in this category.
4. The prevalence of these conditions.
5. Carelessness and indifference in both physician and patient as to the various catarrhal states which are believed to be the precursors of the disease under consideration.
6. The necessity of early treatment and the power for good exercised by the family physician in these troublesome conditions.
7. The clinical picture presented by these unfortunates, laying especial stress on the alteration of facial expression and the distressing and annoying condition of the child during sleep.

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PHILADELPHIA, SEPTEMBER 22, 1894.

THE MAN MIDWIFE.

During the past year the medical profession of Great Britain and Ireland has been put on its qui vive by the new midwifery question, which has already occupied the attention of Parliament, and, no doubt, would have been put through, without a hitch, had not the medical press at an opportune hour sounded the alarm.

A bill was introduced early in the last session of the Commons, which had for its purpose the registration of midwives. The nurses had moved early and had a registrative bill pushed through, and the midwives felt that they were entitled to a like consideration from the hands of the Government. Besides, on this demand, they were supported by many of the most eminent practitioners of the realm.

But a loud protest was raised by the general practitioners from every direction, which, finally, took the form of a series of resolutions against the midwives at the late meeting of the British Medical Association.

The claim was made that this registrative act would give them a status quite equal to a medical qualification; that it would be a public evil to turn over midwifery in general to those whose education was of but a superficial character; and, further, that at the present time, there was an ample number of practitioners to attend this branch of practice.

From the side of expediency there can be no question but the course the doctors took was a wise one, for it is a question whether, in general practice, a substantial living is possible, in the present over-crowded condition of our ranks, without obstetric practice.

When we look at the matter from a humane standpoint, however, it appears in different light.

In all, but rare and exceptional cases, of confinement, it would be well if the so-called "science and art of obstetrics" were cast aside altogether, and nature were permitted to do her work in her own way. Modern, meddling, mechanical forced deliveries are cruel and infernal; better a thousand times the old midwife or no one at all, than the attendant who looks on the parturient act as a pathological process; insists on anesthetics, toxic uterine excitants, and the early and unnecessary use of the forceps to crush the tender brain of the infant, and irretrievably incapacitate the mother.

It is both natural and proper that women in the throes of labor should be attended by women. Every trained nurse should be a fully qualified accoucheuse, that she may extend her ministrations to the poorer members of society, who cannot properly compensate a medical man for his service. She would combine in herself both midwife and nurse.

Here, indeed, is a field in which the female practitioner is needed. As a practitioner of medicine she is a failure, through physical reasons; but midwifery is by every natural right her domain, and in the near future, here and on the British Isles, as in France and Germany, parturient women will be attended by those of their own sex.

Side by side with the training school for nurses should be the maternity,

where they should be thoroughly taught obstetrics.

The charge that they are incompetent is both puerile and frivolous. But a few years ago our leading colleges turned out qualified (?) diplomats to practice obstetrics who had never seen a case of labor in their lives. They have since succeeded fairly well. Why should not women?

A PRACTICAL POINT IN THE TREATMENT OF ENTERIC FEVER.

Under the above title Dr. Benjamin Ward Richardson, in the last issue of the Asclepiad, gives the following brief history in a case which proved of practical worth in directing the course of treatment:

"The patient was a young woman who had passed through a very severe attack of enteric fever, and was thought to be practically out of danger; the temperature, which had fallen to the natural degree, had remained steady for some days; and such was the general improvement that I had ventured to increase the diet table, when, somewhat suddenly, there was a relapse; the temperature rose to 104 degrees, with accompanying quickness of pulse, prostration, loaded tongue, slight distension of the abdomen, and some tenderness under abdominal pressure. On inquiring as to the cause of the relapse, the only symptom affording a guide was the fact that there had been no action of the bowels for several days. Previously there had been free action, with passage of abundant quantities of the characteristic pea-soup intestinal discharge, and consequently we had been chary, when this discharge stopped, of restarting it, and had permitted the constipation to continue. As the patient now complained of desire for action of the bowels without the power to defecate, I suspected that the rectum was loaded and obstructed, and that, in the small intestine, there was an accumulation of fluid secretion of specific character, from which absorption of septic matter was in progress, with recurrence of the febrile state and the alarming condition. On this diagnosis I ordered that a large enema should be administered at once, and by it there was removed from the lower bowel a firm, very large and shaped mass of feculent matter, followed about an hour afterwards by the passage of a pint or two of the specific enteric fluid, excessively offensive, and in fermentative decomposition.

The good results of this treatment were immediately obvious. It was like the effect of opening a large abscess and setting free purulent matter. The temperature of the patient fell, the tongue lost its dryness, and the sense of prostration passed away. We returned for a few hours to the treatment that had been pursued in the previous part of the case, but as the temperature remained normal, and the discharge from the bowels did not give trouble, careful feeding was adopted only, and an excellent and rapid recovery resulted.

I have seen in many other cases of enteric fever a similar return of the acute febrile symptoms, but no case opened my eyes to cause and effect so clearly. I cannot doubt that, in this instance, if the obstruction in the rectum had not been removed, there would have been a continued accumulation of specific fluid in the small intestine, a continued auto-infection, increased virulence of fever, delirium from action of toxic fluids or gases in the cerebral and other nervous centres, poisoning of the sympathetic centres, tympanitis with distension of the abdomen, septic poisoning of the blood in the liver and great abdominal veins, congestion of the lungs, collapse, and death. By giving escape to the discharge we prevented these evils and two more—I mean ulceration of the intestine, owing to the presence of the specific fluid, and perforation; in short, all the fatal dangers incident to the local mischief in the canal."

Book Notes.

A SYSTEM OF ORAL SURGERY: Being a treatise on the diseases and surgery of the mouth, jaws, face, teeth and associate parts. By James E. Garretson, A. M., M. D. Illustrated. Sixth edition. Thoroughly revised with additions. Published by J. B. Lippincott Company, Philadelphia. Price, $10.

A work which has arrived at the distinction of a sixth edition needs no words of criticism. It has passed beyond that stage from the fact that the public demand, which makes numerous editions possible, has placed on it the seal of its approval.

A work like the above, which has long since become "standard," has no parallel on its specific subject in American literature. It stands as an exponent or oral surgery in its entirety.

While the work does not contain quite so many pages as its previous edition, the size of the pages have been enlarged to accommodate the additional material, and a condensation of sentences has made it possible to include what would have resulted in some 1500 pages of the size of the fifth edition into 1085 pages of the present edition.

This is a work on surgery which cannot be considered exclusively dental, by any means. It is also one which surgeons can rely upon as not containing theories, but proven facts—facts, too, which, in the large experience of the author, have given the most useful and practical instructions.

Of the new appliances described in this edition favorable mention should be made of the description of Doriot's surgical engine, one of the most complete machines of its kind, and recently brought forward and perfected by the S. S. White Dental Manufacturing Co. of this city. The illustrative plates are admirable, and the typography a work of art.

It is a book which no well-equipped physician or surgeon can be without.

Correspondence.

Editor "Times and Register."—Will you, or some of the many readers of the "Times and Register," kindly help me on the following case?

Lady, aged 63, blonde, always enjoyed fair health until last November, when she began to have a severe pain in region of the liver, about the location of the gall ducts, which was more or less severe at different times for several months, and at times would extend across the left side, or up into the shoulder. Never but little tenderness on pressure. No fever, pulse normal, appetite good. The skin became sallow and somewhat jaundiced.

In May she began to complain of a numbness in lower limbs. She now has no use of the lower limbs. There is a numbness in them, worse in left one, but they are not void of feeling. She can work the toes and feet a little. They never pain her, but she can't bear her weight on them as they give way at knees and hips. Bowels are very constipated, appetite and digestion good, tongue clean, kidneys act well, skin clear, sleeps well, perfect use of upper extremities. She has been under treatment by various physicians, two of whom tried electricity, but she has received no benefit. She suffers no pain in side now, but there is a slight tenderness on deep pressure over the gall bladder.

Please give etiology, diagnosis and map out a course of treatment that will cure her if possible, and oblige, Very Respectfully,

A SUBSCRIBER.

The above is apparently one of those blind cases in which diagnosis must be based on results of treatment. Much information might be gained by seeing such a case that does not become evident by description. It seems probable that in November and subsequently the patient has passed, or tried to pass, gall stones. The pain described as extending across to the left side would point that way, and combined with the sallow or jaundiced complexion with no fever, strengthens this opinion. The nervous or paralytic symptoms, however, would be foreign to the simple passage of gall stones, were it not for the possibility of hepatic enlargement, tumefaction of the gall bladder or some slight inflammatory adhesion to nerve trunks which may have pressed upon or involved the spinal nerves of that region. The possibility of cancer in this part, or any other tumor pressing or involving spinal nerves, must not be forgotten; however, the cause seems to involve the passage or retention of biliary calculi and subsequent enlargement or tumefaction of liver or gall bladder. Treatment: First regulate the bowels with fluid extract of cascara sagrada, the dose of which should be graduated to obtain one free movement a day. Second, give patient a teaspoonful of olive oil three times a day, to dissolve and evacuate any gall stones. Third, place over site of tenderness on the one side, and over spinal column on the other side, pads made of felt or flannel, on which are secured alternating strips of zinc and copper, moistened with a weak vinegar solution, to establish electrical action, and let this be worn for some length of time.

Should you fail in this treatment, I would advise you to try arsenauro, which is a successful tissue alternative, especially in diseases of the nerves

—Editor Times and Register.

Surgery.

Under the charge of T. H. Manley, M. D., 115 W. 49th St., New York.

INFLAMMATORY NEOPLASMS OF THE LESSER CURVATURE OF THE STOMACH, OF THE LEFT LOBE OF THE LIVER AND THE ABDOMINAL WALL. EXPLORATORY LAPAROTOMY AND CURE OF THE PATIENT.

BY M. TERRIER.

—Revue Des Sciences Medicales, En France et A L'Estranger.

The eminence of the above contributor is an abundant guarantee of the great value of anything which he may present in connection with the surgery of the abdomen.

In a recent communication to the Surgical Society of Paris he has submitted several valuable observations on the above subject, in his own practice.

He commences by calling attention to the difficulties so commonly attendant on diagnosis of gastric diseases, or tumors of the stomach, and the great value of surgical intervention, both for purposes of prognosis and direct treatment. He says:

"Many of those supposed cancerous tumors are purely neoformations of an inflammatory character." Three cases are cited in which cancer was suspected, but on exploration through an abdominal incision nothing was found, except in one, an intumescence at the pyloric extremity, which was apparently purely inflammatory and benign. After freely liberating it from adhesion with adjacent parts and some blood was lost the incision was closed. The woman made an excellent recovery, the entire mass permanently disappearing, her appetite and lost flesh being readily regained.

In a second a lesser curvature was found adherent to the left lobe of the liver. This was freed, when the deformed position of the stomach was overcome.

In a third, the anterior wall of the stomach had contracted broad adhesions with the abdomial wall. A difficult dissection here was necessary, which, however, was entirely successful in allowing the stomach to recover its full and free movement in the act of digestion.

Both the latter were entirely relieved of their former severe pains, and a good appetite followed.

The tissue dissected away was of a fibrous character, and contained no malignant elements.

M. Richelot, in discussing the former essay, said that he understood two propositions were submitted:

1: That in all cases diagnosed as cancer of the stomach, in which the full ensemble of symptoms was not complete, where medicines had failed we may make an exploratory incision.

2. Where such a laparotomy is made, and we are assured that the exudate is inflammatory and innocent, all adhesions should be freely liberated, and a practical cure then and there effected; all apprehension of a grave malady being thus allayed.

He had, in 1891, called attention to the remarkable improvements which often followed laparotomy in various inflammatory and neoplastic affections of the pelvic structures when certain conditions were found which were incapable of extirpation.

On the 3d of June, 1886, a most remarkable case came under his care, of a man 62 years old, who had a cancerous obstruction of the esophagus.

The man's condition was most pitiable. An operation for gastrotomy was undertaken for the purpose of introducing aliment into the stomach. On opening the abdominal cavity such an extension of the cancerous growth was encountered, spread widely over the anterior wall of the stomach and omentum, that everything was inextricable, and all attempts at operation were discontinued. The effects of this incision, however, were most remarkable. All digestive disorder disappeared, the man soon returned to his trade, and since then has enjoyed good health. His suffering ceased, his appetite and ability to eat returned, and he rapidly regained flesh.

In July, 1887, M. Rigel sent to the Hospital Richat a man 59 years old. He had hemi-anesthesia for five years; since as he said he had swallowed a

glass of petroleum (?). Vomiting was nearly constant; moderate pain, emaciation marked. Had been treated in turn, medicinally, by Potain, Rigel and Peter. He never had hematemesis nor malaria. M. Rigel attributed his condition to cancerous obstruction of the pylorus.

Richelot operated on him on the 26th of August. He made an epigastric incision, and at once came on a perfectly healthy stomach; the pyloric end of which was ample and normal. He replaced the stomach and closed the incision. The influence of this intervention was most remarkable; vomiting promptly disappeared, sensibility returned on the left side of the body, milk diet was well borne. November 1 the patient left for home, quite restored to his former health.

M. Quenn believed that in simple cancerous obstruction of the pylorus benefit often followed those exploratory incisions.

M. Bouilly, while ready to admit that in certain cases laparotomy in some inexplicable manner secures wonderful results, yet in not a few the same good may follow appropriate medical treatment. Thus, in two instances, this had occurred under his own observation. In one, a young man, all the symptoms of pyloric cancer were present. He progressed steadily downward for six months. M. Ferrier at this time deemed the case inoperable; but in a little while spontaneous improvement began, and he was soon wholly restored to health.

The other case was a female, of 37, with a vast pyloric enlargement, constant vomiting and steady emaciation. She, however, finally commenced to improve, and soon was in her usual good health.

These cases were undoubtedly inflammatory sclerosis undergoing spontaneous resolution.

ANTHRAX IN MAN.

Muller refers to different views in connection with local treatment. It is impossible to destroy the disease by excising the site of inoculation. In guinea pigs amputation of a limb two or three hours after the foot has been inoculated cannot save the animal. By the time the injection is ended absorption must have commenced, as is shown by the rapid proliferation of the bacilli in the tissues. The disease produced by anthrax would appear to be largely due to a toxic action. It may, however, be very difficult to find bacteria in the blood; when absorbed they may be deposited in parts where the circulation is slow, as in the liver, spleen, and marrow of bones. It has been shown with almost certainty that products may be isolated from anthrax cultures, which produce symptoms like those due to anthrax. Whether phagocytosis plays a part in human antrax is undecided. The author's observations would lead to a negative conclusion. Different organs have difficult capabilities of dealing with anthrax. Thus, in rats the spleen seems to have chief action, but in rabbits the liver. In man enlargement of the spleen is noted early. It must be the object of treatment to get the cells at the site of inoculation to arrest the dissemination of the bacteria and to protect the cells in the whole body against the poisoning. If excision of the inoculated part cannot arrest the disease, it might be thought that the anthrax bacilli and their products might be let out by incision. The author concludes, however, that incision should not be practiced. Anthrax is one of the most virulent of the blood parasites, and by incision there is the danger of a fresh invasion of the blood in the vessels thus laid open. The products at the site of inoculation are harmful to the individual if absorbed, but they are also destructive to the anthrax bacilli in situ. The line of treatment recommended by the author is the following: The affected part and adjacent joint are fixed to prevent dissemination. The limb is also elevated to assist the venous return, so that more arterial blood may come to the part. Mercurial ointment is applied the prevent secondary infection. Means are adopted to improve the circulation, such as alcohol in large doses and nutritious diet.

—Deut. med. Woch., June 14th, and 21st, 1894.

A NEW TREATMENT FOR HYDROCELE.

A new treatment for hydrocele is proposed by J. Neumann (Wiener Medizinische Presse, No. 45, 1893). It consists in the withdrawal of the fluid by means of a trocar and cannula, leaving the latter in the hydrocele sac to act as a drain. A slightly compressing bandage is applied over a small thickness of cotton. Healing is said to occur in a few days. The cannula is removed on the second or third day.—North American Practitioner.

Medicine.

Under the charge of E. W. Bing, M. D., Chester, Pa.

TREATMENT OF FURUNCULOSIS.

Van Hoorn, Amsterdam.

Furunculosis is probably attributable to an internal cause, and its alleged internal causes are most likely only coincidental. Where there are furuncles the presence of infectious matter on the skin is proved, and is the cause of the fresh crops so often seen. Therefore the author, for some time past, has employed general disinfection of the skin, with isolation and disinfection of the diseased part.

The method is to first wash the whole body with potash soap and hot water, then bathing the furuncle and its surroundings with 1 to 1000 sublimate solution; the skin is then wiped with cotton and one of Arma's gutta percha plasters of mercury and carbolic acid is carefully placed over the boil. The patient is then clothed in clean linen. The plaster is removed every day, or twice a day when discharge is abundant. The carbolic acid in the plaster is evaporated by the heat of the body, and, as it cannot escape, penetrates the skin and destroys the coccus. If there is no fluctuation, the infiltration is generally absorbed.

Where fluctuation has occurred, perforation soon shows itself, and the wound quickly heals.

Note.—The application of a piece of belladonna plaster (rubber base), in the same way has been found very useful, relieving the pain and soreness and rapidly bring about suppuration and perforation. This has been, as the old receipt book says, "tried."

E. W. B.

TREATMENT FOR VARIX.

1. Avoidance of standing position as much as posible. No garters.

2. Constant wearing of an elastic stocking.

3. Taking during 15 days each month at meals a pill of

R Ergotine.

Ext. Hamamelis aa..... Grains. ¾

MULTIPLE AND RECURRENT ABSCESS IN YOUNG CHILDREN.

The skin of children offers a fine soil for the common nucrobes of suppuration and consequently any slight irritation or abrasion may become the seat of an abscess which may inoculate some other portion of the skin, and thus the disorder is kept up for perhaps months.

There is no general cause, no pyemia, but the eruption may be mistaken for a syphilitic lesion.

—La France Med.

TONIC COMBINATION IN NEURASTHENIA.

R. Nux Vomica.
Tr. Hemlock.
Tr. Columbo.
Gentian.
Ess. Anise.

SIMPLE TREATMENT FOR LEG ULCERS.

This method has produced the best results in the hands of Tillaux. It is both general and local. The general treatment takes account of gout, a cause of phlebo-sclerosis which plays an important part in the production of varicose ulcers of the leg.

It consists in the administration of the iodized solution below:

R. Iodide of Potassium ..... ½ ounce.
Tinct. Iodine..... 30 drops.
Water..... 10 ounces.

A spoonful (dessert) at each meal.

If well borne this treatment is continued for a long time, even after healing of the ulcer. Where syphilis is suspected or known, mercurials must be given also.

The local treatment consists in cleansing the sore by dabbing with a chloride of zinc solution 5 to 10 per cent. for three or four days in succession. Then strips of Emplastrum de Vigo are applied. This is followed till cicatrization takes place. The cicatrix is then hardened by application of picric and solutions, and exposeure to dry heat.

—La Revue Med.

TREATMENT OF HERPES ZOSTER.

Arsenic internally, in the periodic crisis of pain and fever, quinine neuralgia and insomnia, chloral, antipyrine, belladonna, bromides.

Local treatment, careful opening of all vesicles as soon as formed, bathing with a slight alcoholized solution of boracic acid. If inflammation is high, dressing with a lime liniment and cotton. If the inflammation is not severe, dress with

℞ Vaseline .... ¾ ounce
Oxide Zinc .... ½ dram
Boric Acid..... ..... 15 grains

Powder with starch and cover up with a thick layer of cotton.

—Annales de Med.

WOMAN AND THE BICYCLE.

Should we, or should we not, encourage women in the use of bicycles? is a question which, although full of interest, does not appear to have been studied with sufficient attention. It is not to be considered off-hand and without some experience, since in this way one may be led into great and ridiculous mistakes, as those are who have compared the use of the bicycle to that of a sewing machine, forgetting that the latter requires the use of a limited number of muscles, whereas the bicycle employs and calls into action the entire muscular system; besides, it is not the machine, or its use, but abuse that is prejudicial.

The bicycle as a means of outdoor exercise, employing almost all the muscles of the body without severe effort, should engage the attention of hygienists interested in the physical development of women. It excels all other means of exercise (except, perhaps, horseback exercise), and is the ideal instrument for this purpose.

The necessity for maintaining equilibrium is the capital characteristic of the machine. Lagrange says: "It is the most perfect of the apparatus with which to carry out exercise in equilibrium, since to maintain this the muscles of the trunk are brought into harmonious work. The exercise in addition gives precision and skill in movement, suppleness, self-possession and quickness, and also enables all the members of a family to take an inexpensive outing together, which adds the social feature to the other advantages."

The learning of the use of the bicycle should be gradual, and should extend over considerable time, and even then its use should not be in excess, and when any long journey is contemplated it should be preceded by practical rides.

Women should choose a light machine, proportioned to their height and weight, and of the pneumatic pattern. The clothing should be light but warm and roomy, and corsets should be abandoned, together with garters. If the bicycle is used rationally health is the result. The muscles of the thorax, neck, back and limbs are all strengthened and developed, and a resistance to fatigue is established which may prove very beneficial.

—Extracted from a monograph by Dr. Championniere.

E. W. B.

MALIGNANT LENTIGO IN THE AGED.

Hutchinson describes a singular affection, malignant lentigo, which begins as a brownish or black spot, and which ends in the production of a malignant tumor. The disease begins spontaneously or follows a lesion of the skin. In the four cases reported by Dubreuihl it was situated on the left side at the upper part of the cheek, on the eyelid, or even on the conjunctiva.

It occurs as a simple pigmentation without projection or thickening of the skin, and forms an irregular spot varying from sepia brown to black in color. It persists for ten to twenty years, remaining absolutely stationary or varying in tint, extent, sometimes disappearing, leaving the skin absolutely normal. At a given moment there appears on the spot or in its vicinity a malignant, ulcerating tumor, vegetating, bleeding, rapidly increasing in size—sometimes melanotic. It is recurrent, either at the same place or in the gaglions, presenting at each recurrence more malignancy and becoming melanotic. Histologically, it resembles melanotic cancer, built up of large epetheliod cells, loosely connected, without stroma and infiltrating its surroundings.

IMMEDIATE CURE OF CORNEAL ULCER.

This consists in the application of a wafer (cachet) placed on the cornea; then closing the eyelid with iodoform, cotton and a bandage, which remains in place for several days. The cachet is made of gelatine, saturated solution of boric acid, and impalpably powdered iodoform.

It is wet with a solution of boric acid before using. Cicatrization occurs in three days even in bad cases. The rapid effects are most likely due to the destruction of the micro-organisms.

—La France Med.

Doctor—"I would advise you to take quinine in all the whisky you drink."

Old Pepper—"But great Scott! doctor, isn't quinine in such quantities injurious?"—Puck.

A Western baritone, who wished recently to become a tenor, succeeded in taking a course of inhalations, beginning with benzoin, going on to caffeine and chloroform and ending with curacoa. It is a wonder he had any voice left.

Miscellany.

A BLOODLESS OPERATION FOR HEMORRHOIDS.

Manley (Boston Medical and Surgical Journal, February 1, 1894) describes his bloodless method of treating hemorrhoids. A brisk purgative is given the evening before the operation. Before operating, two to four ounces of whisky are administered and effective cocainization applied hypodermically. Anal dilatation, gradual and steady, without rupture of the muscle is done, and, after drying and mopping with cocaine solution, each hemorrhoid is separately seized, close to its base, firmly between the tip of the thumb, index, and middle fingers. It is put on full stretch, then twisted, and finally so completely crushed that it is reduced to a pulp, and none of the investing tunics remain, except the mucous membrane and its under stratum of fibrous tissue. The mass is then returned and an opium suppository introduced. He has treated 32 cases in this way with perfectly satisfactory results.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION MEETING.

The first annual meeting of the American Medical Publishers' Association occurred at Hot Springs, Va., on August 13 and 14, and proved a most happy and profitable event, many of the members being accompanied by their ladies, who enjoyed the pretty scenery and lent a graceful charm to the occasion. An overland trip to Warm Springs comprised a pleasant feature of the first day. After the transaction of the usual routine business, the President, Dr. Landon B. Edwards, read an able paper on "Advertising and Advertising Agencies," which was well received and ordered printed. The reports of the secretary and treasurer were examined, and the finances of the Association found to be in good condition. Thirteen applications for membership were presented and acted upon favorably. The secretary was instructed to investigate the laws of different States governing charters of incorporated bodies, and report at the next meeting. Dr. J. W. Clausen, of the "Times and Register," Philadelphia, was elected to fill a vacancy in the Executive Committee. Upon motion it was decided that all annual meetings hereafter should be held just prior to the session of the American Medical Association, the next meeting being set for Monday, June 5, 1895, at 9 A. M. in the Eutaw House, Baltimore, Md.

SECOND SPECIAL COURSE IN REGIONAL SURGERY.

Dr. G. Frank Lydston will lecture every Monday at 8 P. M., beginning October 1, 1894, at the Masonic Hospital of Chicago, 367 Washington Boulevard. Subjects: "Surgery of the Prostate, Bladder and Kidneys;" "Chronic Ulceration of the Female Genitalia;" "Appendicitis;" "Surgery of the Rectum;" "Urethral Stricture." The lectures will be illustrated by special charts and drawings, and are free.

HOW ABOUT THE FRENCHMAN?

The French War Office has recently been occupied with a large number of inventions for the wholesale massacre of the enemy in the next great war. One of the members proposes that the Minister of War should subjugate and train squadrons of horse flies. These novel warriors, it is suggested, would be fed on blood smeared beneath a thick skin covering on dummy figures dressed as soldiers of the Triple Alliance. When diplomatic relations were near a breaking point, the flies would have the juice of certain poisonous plants added to their daily food, and when war should be declared the French army would merely have to send them as an advance guard in the path of the enemy.

PROFESSOR RICHARDS, OF YALE, ON FOOT BALL.

Prof. E. L. Richards, of Yale, will have a timely article on "The Foot Ball Situation," in the Popular Science Monthly for October. He is an intelligent sympathizer with the game and will set forth its many advantages, maintaining that the evils ascribed to it are unreal or can be removed by changes now contemplated.

DEATH OF PROFESSOR HELMHOLTZ.

Dr. Hermann Louis Ferdinand Helmholtz, of Berlin, the celebrated physicist, died recently from paralysis.

THE SIR ASTLEY COOPER TRIENNIAL PRIZE.

The next triennial award of this prize takes place early in 1895. The value thereof is £300. All competing essays should be in the hands of the physicians and surgeons at Guy's Hospital before January 1, 1895. The subject for the competition is "the anatomic distribution of the lymphatic vessels and the physical forces concerned in the movement of the lymph." This prize is open to the whole world, except certain of the attaches of the Guy's and St. Thomas' Hospitals, London.

SCHOOL BOARDS AND VACCINATION.

A recent decision of the Supreme Court of the State of Pennsylvania has confirmed a decree of the lower Court to the effect that a school board has a right to exclude from the public schools children who have not been vaccinated.

WHAT IT COSTS.

It costs the people of the United States $25,000,000 a year to be born, $300,000,000 a year to be married, $75,000,000 to be buried, and $900,000,000 to get drunk.

DR. O. W. HOLMES.

Dr. Oliver Wendell Holmes was 85 years old August 29, and celebrated that event in his summer home in Beverly Farms.

IMMORAL MASSAGE.

Possibly moved thereto by the unwelcome notoriety given to its "massage parlors" the city of Chicago has begun what the newspapers call "a crusade" against these dens of vice. An investigation has been commenced by the police and the licenses of nine of the most notorious have already been recommended for revocation. They are characterized in the report of the investigation as "little if any better than the lowest 'dives' in the city." The term "massage" had come to be so closely identified with the practices of these "parlors" that physicians were growing shy of recommending the treatment.

—Journal A. M. A.

Here and There.

FOR CONGRESSIONAL HONORS.

The following doctors have been nominated for Congress: Dr. L. F. Weaver, of Niles, Mich.; Dr. Bernard Groeser, of Le Mars, Iowa, and Dr. J. A. Hatch, of Kentland, Ind.

Since M. Bertillon has been at the head of the Anthropometric Bureau nearly 500,000 persons have passed through his and his assistants' hands, and yet, according to his system of identification, no two individuals were exactly the same in any particular.

A Long Island girl, who had been deaf and dumb for eight years, had her speech restored by an electric shock, which struck the house in which she was during a recent storm.

A goose with remarkable maternal instinct has been found near Berry, Kentucky. Her brood was recently drowned, and an old sow dying about the same time, the goose adopted the little orphan pigs.

When oranges have been frozen they can be thawed without injury by putting them in cold water or tight barrels immediately after arriving and allowing them to thaw out gradually.

A remarkable instance of intelligence in a dog was exhibited in Denver recently. A well-known physician was sitting on his front porch, when a small water spaniel walked up the steps from the sidewalk and threw herself on her left side at the doctor's feet. He at once observed that something was wrong with her right eye, but after a skillful operation the sight was restored. The dog then left, but returned the following day and showed by her expression of delight how grateful she was to her benefactor.

The pressure per square inch upon the body of every animal that lives at the bottom of the Atlantic Ocean is about 25 times greater than the pressure that will drive a railway train.

Notes by the Wayside.

BY ERNEST B. SANGREE, A. M., M. D.

Though to be "thick headed," or "thick skulled" is not a characteristic usually desired, there are times when a solid brain case may do yeoman service for its owner. Two days since the sight of a crowd about a little house downtown induced me to investigate the cause. Upon entering I found a woman holding on her lap a 4-year-old colored child, who, I was excitedly informed, had just fallen out of the second-story window across the way, striking the brick pavement squarely on her head.

Of course, I expected to find the skull fractured, or at least unconsciousness, for the child was quite a heavy one. But no, neither of them. Merely an inch and a half cut through an extraordinary thick scalp, and a considerably scared, but perfectly conscious young African.

Politics down in Kentucky must be a highly exhilarating pursuit, and one might keep this in mind when trying to think of some place to send male patients worn out with ennui. Captain Bradshaw will be one of the election booth officials in the coming Breckinridge-Owens contest, and this is the calm way in which a daily paper refers to Captain Bradshaw's early prospects: "It is said that Captain Bradshaw, who expects trouble with Colonel Clay, has insured his life for $10,000, and is engaged in straightening up his business affairs."

Here is a little story from a daily paper, good enough to be true, whether it is or not, and so very funny that every lover of a laugh should see it: "A short time ago (says the Louisville Courier-Journal), a young lady was troubled with a boil on her knee, which grew so bad that she thought it necessary to call in a physician. She had formed a dislike for the family physician, so her father suggested several others, and finally said that he would call in the physician with the homeopaththic case who passed the house every day. They kept a sharp lookout for him, and when he came along he was called in. The young lady modestly showed him the disabled member. The little man looked at it and said "Why, that's pretty bad." 'Well," she said, "what must I do?" "If I were you," he answered, "I would send for a physician. I am a piano-tuner."

Dr. Bertrand, of South Bend, Ind., under the head of "fatal economy," cites a case of shoulder presentation, in which the Polish midwife, on account of delayed labor, gave the suffering victim a teaspoonful of fluid extract of ergot every hour for the last ten hours. About two hours after Dr. Bertrand had succeeded in delivering the woman of a dead child, she expired. The writer traces the fatal termination to false economy in getting the midwife, but it looks to me as if the latter ought to be tried for involuntary manslaughter, and that the poor woman's death really lies at the door of those who sell and allow to be sold, indiscriminately, such dangerous drugs as ergot.

Man's greatest strength is shown in
standing still;
The first sure symptom of a mind in
health
Is rest of heart and pleasure felt at
home.

—Young.

Prescriptions.

METRITIS.

		grams.
R	Tinct, aconiti Rad. gtt. xvj.....	1
	Ext. gelsemii, fl. 1, oz.....	4
	Ext. ergotae, fl. 1, oz.....	30

M. Sig.—A teaspoonful every 2 to 6 hours.

—Bartholow.

MENORRHAGIA.

		grams.
R	Ext. ipecac, fl. dr. ij.....	8
	Ext. ergotae, fl. dr. iv.....	16
	Ext. digitalis, fl. dr. ij.....	8

M. Sig.—Half to one teaspoonful as required until emesis occurs.

—Bartholow.

APPLICATION FOR INSECT BITES OR STINGS.

R	Liq. Ammonia.....	15
	Acid Salicylie	5
	Collodion	½ parts

Apply a few drops to each wound. The collodion retains the ammonia in prolonged contact with the wound.

—E. W. B.

The Times and Register.

Vol. XXVIII. No. 13. Philadelphia, September 29, 1894. Whole No. 838.

Original.

ACUTE PUERPERAL CELLULITIS AND TRUE PELVIC ABSCESS.

BY CHARLES P. NOBLE, M. D.

It is my purpose in this communication to report my experience with acute puerperal cellulitis and true pelvic abscess, collecting together in one paper the various cases which I have reported from time to time. The time has now come when such a communication will be received in a proper spirit—that is, as a report of conditions carefully observed at the bedside, and therefore as a contribution to scientific medicine. The first whirl of excitement which followed the discovery of the real nature of chronic pelvic inflammatory troubles has passed by. Men are no longer blinded by the prejudices of the era when all pelvic inflammation was regarded as cellulitis. A sufficient time has now elapsed to enable them to recover from the reactionary wave, during the height of which it was believed that all pelvic inflammation was necessarily tubal in origin. Practitioners of medicine are very prone to be ruled by the dogmas of a few leaders in professional thought, and gynecologists are no exception to this rule. During two generations they gave implicit adherence to the dogma of Nonat, Churchill, and Emmet, and during the present generation no less implicit adherence to that of Tait and his disciples. It is now time to accept all the facts in the case whether or not they agree with prevailing theories.

Read before the Philadelphia County Medical Society.

Case I.—This patient I saw operated upon May 8, 1888, by Dr. D. Longaker, who gave me the following history: Mrs. F., aged 26 years, III-para. She was delivered of the third child seven weeks ago, by a natural and easy labor. On the fifth day she had a chill, and chills and fever continued thereafter, also great pain. Dr. Longaker saw her seven weeks after labor, and operated for a clearly-defined mass, situated mostly in the left side of the pelvis, rising up above the brim of the pelvis and extending from the symphysis pubis to the iliac crest. An exploratory celiotomy showed that both uterine appendages were of normal size, but were somewhat fixed by recent adhesions; "neither right nor left ovary nor tube formed any part of the mass; these structures could be distinctly outlined apart from it." Fluctuation was distinct in the swelling as made out by the intra-abdominal finger. A second incision was made above Poupart's ligament, and about half a pint of pus was discharged. The pus cavity was located in the left broad ligament, and extended between the uterus and bladder into the right broad ligament. The patient made a good recovery, but has borne no children since. This is probably because effectual means were taken thereafter to prevent conception.

Case II.—This patient was seen at the Philadelphia Lying-in Charity during my service there as senior assistant physi-

cian. I am unable to find any published notes of the case. My recollection of its salient points is very clear and distinct. This patient was infected after labor, and after a number of days presented the usual evidences of suppuration, together with the signs of intense inflammation in the right side of the pelvis and in the right inguinal region. A hard mass of exudate formed in the right groin, which could be distinctly outlined by palpation. There was every evidence that this was a case of true pelvic abscess, but influenced by the teaching that all pelvic suppuration is intra-peritoneal, an abdominal section was made by Dr. Charles Meigs Wilson, assisted by myself. The uterine appendages were carefully examined, and it was evident that the pus accumulation was entirely distinct from them, and that it was external to the peritoneum. The abdominal incision was closed and the pus let out by an incision made above Poupart's ligament, near the anterior superior spine of the ilium. This patient made an uninterrupted and quick recovery.

Case III.—This case I saw in consultain the second month of pregnancy. One 1890. The history, as given to me by Dr. Himmelwright, is as follows: The patient had a miscarriage, January 3, in the scend month of pregnancy. One week later symptoms of pelvic inflammation appeared, and a diagnosis of peritonitis was made. The patient got about by February 1. After a week pain was felt in the right inguinal region, and gradually increased in intensity, extending to the lumbar region. After another week (February 15) she was unable to walk erect and to put her foot firmly on the ground, but had to stoop forward. During this time the temperature remained normal and there were no chills. At times the pulse was slightly accelerated. The pain continued to increase, and on February 27 a swelling was noticed in the right lumbar region. March 1 the temperature rose to 101 degrees F., and the pulse to 120, and there were slight chills. March 2 I saw her. The temperature was normal, the pulse about 90. The right inguinal region was tender, suggesting, indeed, appendicitis, but there were no symptoms to warrant the supposition. A semi-fluctuant swelling was found in the right lumbar region. The next day this swelling had increased, and a hard mass was felt in the right inguinal region, extending as high as the ribs. The swelling in the lumbar region was opened and two or three pints of pus escaped. Introducing my index finger, it passed around the ilium into the iliac fossa. A rubber drainage-tube was introduced, and irrigated daily with a dilute solution of peroxide of hydrogen. This discharge gradually decreased and the tract rapidly healed, closing from the bottom.

It may be asked: "Why is this claimed as a case of true pelvic abscess?" The abscess was undoubtedly situated in the false pelvis on the right side. I had my finger in it. The entire absence of bowel symptoms excludes perityphlitis. The fact that, on examination, the uterus was found movable and the broad ligaments free from exudate—no fixation of the appendages—excludes pyosalpinx. Hence, I take it, the abscess was due to the breaking down of an infected pelvic gland situated behind the peritoneum, in the right iliac region.

Case IV.—This case was in every way similar to the first. I saw the patient in consultation with Dr. Langrehr, five weeks after labor. The perineum had been torn, and was sutured some hours after labor. Septic infection occurred, and for three weeks the temperature ranged between 100 degrees F. and 103 degrees F. During this time there was no pain or distension of the abdomen, or tenderness of the uterine appendages on examination. The perineal wound became inflamed, however, and the stitches were removed. During the fourth week all the symptoms abated. At the beginning of the fifth week the fever increased and the tenderness in the left inguinal region became marked. Purulent matter had been discharged per vaginam, but whether or not it came from the abscess which had formed was questionable. On examining the patient five weks after labor I found her very much depressed, in a typhoid condition, with a swelling above the pubes and to the left. Under chloroform a mass of exudate was felt in the left broad ligament extending between the uterus and the bladder, and plainly palpable above the pubes. My diagnosis was true pelvic abscess. I advised median section for an absolute exclusion of complicating pyosalpinx; then a second incision parallel with Poupart's ligament, to evacuate the abscess. This was done by Dr. Langrehr on the following day. The uterus, ovaries and tubes were found healthy. The omentum was, in places, densely adherent. The abscess was situated within the broad ligament, and extended upward behind and two inches above the ramus of the pubes. It contained about six ounces of thick pus, which was evacuated by an incision in the left inguinal region, directly above Poupart's ligament. The ultimate recovery was perfect. 1

Case V.2—Mrs. G., aged 30 years, II-para, was delivered January 18, 1893, of a living child, after a normal labor. The placenta was delivered by the introduction of the hand. The following day Mrs. G. had a temperature of 104 degrees F., and was suffering from much pain in the right groin and from tympany. On the night of the 20th I saw her in consultation. The temperature was 103 degrees F., the pulse 110, and there was marked tympany and much tenderness in the right groin. A striking feature in the case was that, although

1 The first four cases have been reported in the Medical News of August 29, 1891.

2 Annals of Gynecology and Pediatry, June, 1893.

the bowels were much distended, the abdominal wall itself was not very tense. The colis of distended bowels could be very plainly observed through the abdominal wall. The bowels had not been moved for four or five days. The patient was put upon quinine, strychnine and digitalis, and the bowels were freely moved. Vaginal and intra-uterine douches of corrosive sublimate were employed, although the lochial flow was not foul smelling. The patient's condition remained very much the same until the seventh day, when the right broad ligament became infiltrated, so much so as to be plainly palpable above the brim of the pelvis in the right groin, while from below the anterior and right quarter of the pelvis was filled with exudate closely attached to the pelvic wall and displacing the cervix backward into the hollow of the sacrum. This exudate began to disappear about the fourteenth day, and was absorbed very rapidly. Convalescence was futher interrupted by a nephritis, possibly of septic origin, and also by severe intestinal pain accompanied by diarrhea, presumbably due to inflammation of the large bowel. The patient was seen in consultation by Drs. Goodell and Parish. She eventually made a good recovery.

Case VI.—Mrs. H., aged twenty-eight years, II-para, was delivered of her second child in March, 1891, the labor being conducted by a midwife. She was infected and was extremely ill. I saw her with Dr. Leopold five weeks after the labor. At that time she was prostrated, with a rapid pulse, "leaky" skin, chills, irregular temperature—in fact, the classical symptoms of septic intoxication.

On examination the right broad ligament was found indurated and a mass of exudate extending on the right side of the abdomen almost as high as the umbilicus. From the extent of the mass it was supposed that a right pyosalpinx with an intra-peritoneal abscess existed; but in view of the puerperal history and the existence of a cervical laceration the possibility of a true pelvic abscess was discussed. A median abdominal incision was made April 16, and the abdominal viscera in the lower right quarter of the pelvis was found fused by adhesions. The patient took ether so badly, becoming cyanosed while still partly conscious, and the pulse was so weak, that I and the gentlemen present were convinced that to attempt the separation of the adhesions, and the evacuation of the pus above, would result in her death on the table from ether. An unsuccessful attempt was made to reach the pus by an incision made near the anterior superior spine of the ilium without giving more ether. The exploration was not pushed, owing to the patient's bad condition. The patient was then put to bed and improved for some days. Operation was again proposed and chloroform selected as the anesthetic, which produced as much cyanosis as ether had done. An incision was now made directly over the broad ligament, the uterus was located, and the index finger was forced into the broad ligament, evacuating several ounces of pus. With rubber drainage a satisfactory convalescence followed.

October 27, 1892, I operated on Mrs. H. to cure a ventral hernia which had formed at the site of the third incision. On opening the abdomen I was surprised to find that the adhesions throughout the right side of the abdomen, which had been universal eighteen months before, had disappeared, except a point of adhesion between the omentum and hernial sac, and another between the omentum and broad ligament. Both appendages were perfectly healthy. This fact demonstrates what we believed when the pus was evacuated, namely, that it was not a pyosalpinx, but an abscess of the broad ligament.

The disappearance of the very extensive adhesions in this case is worthy of record as showing that peritoneal adhesions are not necessarily permanent.

It is of interest to report that during the summer of 1893 this patient was delivered of a living child after a normal labor, and that she is at present in good health. 3

Case VII.—Mrs. F., aged 18 years, was confined May 8, 1893. She had a mild puerperal sepsis and was in bed for two weeks. The following month she was constantly sick, being in and out of bed, suffering with pelvic pain, anorexia, and having more or less fever. (The temperature and pulse I do not know, as I was not in attendance.) She came under my care six weeks after her confinement, and was admitted to the Kensington Hospital for Women. Examination showed a large inflammatory mass in the pelvis, absolutely anchored to the left pelvic wall. She was under observation for two weeks, with the temperature fluctuating between 99 and 102 degrees F., with the general evidences of mild septic absorption, such as anorexia, sweats, chilly sensations, and increased pulse-rate.

Believing that pus was present in the pelvis, either in the form of a true pelvic abscess or a pyssalpinx, an abdominal section was made on June 26, 1893. The following conditions were found: The uterus was fairly well involuted and was displaced upward and backward by a mass in the left broad ligament. The right broad ligament and the right Fallopian tube and ovary were entirely normal, as was demonstrated not only by touch, but by delivering the ovary and tube through the abdominal incision. The omentum was adherent to the anterior face and upper border of the left broad ligament in front of the Fallopian tube. This adhesion was separated. The left ovary and tube were found to be entirely normal; the meso-salpinx being normal, soft, and movable. This was demonstrated not only by touch, but by vision, the woman being in the Trendelenburg posture, so that the entire left side of the pelvis was in plain view. The left

3 Reported in Annals of Gynecology and Pediatry, January, 1893.

broad ligament was very much infiltrated with inflammatory material and firmly anchored to the anterior and left bony wall of the pelvis. Fluctuation was not apparent. It was determined to close the abdomen, and if septic symptoms persisted to open the broad ligament from below. That portion of the omentum which was adherent to the broad ligament was ligated and cut off. A small gauze drain was placed against the broad ligament where the omentum had been separated, so that, should pus make its appearance at this point, it would find its way out through the abdominal incision.

The patinent's convalescence was uninterrupted; the temperature rapidly dropped to the normal, and her general condition steadily improved. The gauze drain was removed, good union of the abdominal incision was obtained, and the patient was discharged from the hospital at the end of four weeks. In the meantime, not only had her general condition very much improved, but the pelvic mass had almost disappeared.

This patient consulted me January 9, 1894, to ascertain the cause of a suppression of menstruation of three months. I found her to be between three and four months pregnant. A careful examination of the left broad ligament failed to discover any evidence of the former cellulitis, the left broad ligament feeling exactly like the right one.

The evidence of the existence of acute puerperal cellulitis as a primary condition in this case is absolute. There was not even a complicating pelvic peritonitis in the ordinary sense of that term, merely a point of adhesion between the omentum and the broad ligament, which was, of course, due to a small circumscribed area of peritonitis. I was able to demonstrate these conditions to a number of physicians who were present, including among others Dr. Fullerton, of the Woman's Hospital.

What I wish especially to insist upon is that in this case neither Fallopian tube was involved in the inflammatory process—that both were entirely normal. The left Fallopian tube and its mesentery were scarcely even congested. The circumscribed area of peritonitis where the omentum was adherent to the broad ligament was plainly due to the fact that the inflammation had extended directly through the broad ligament to the peritoneum, leading to the adhesion of the omentum. That this is possible has been denied by those who maintain that all pelvic inflammation is due to infection which has spread through the Fallopian tubes. In this case the conditions present were unmistakable.

We thus have seven cases in all of which, except the third and fifth, an abdominal section was made, so that we have the evidence not only of the usual physical examination, but also that obtained from an intra-peritoneal examination. In Cases I, II, IV and VII, the abdomen was opened and the uterine appendages were examined, and it was demonstated that they were either free from disease, or at the most lightly attached by recent adhesions. In these four cases there is not a shadow of a doubt that the disease was in the broad ligament, and that it spread to the broad ligament directly from the uterus or vagina by way of the lymphatics.

Case VI was undoubtedly not a case of pyosalpinx, and I have no question myself that the pus was located in the broad ligament. A carping critic might affirm that, even although it was not a pus tube, the pus was intra and not extra-peritoneal, and that it was due to suppurative peritonitis. My opinion that the pus was in the broad ligament is based upon the fact that the pelvic exudate was anchored to the anterior and right pelvic walls, and that when I cut down upon the mass I recognized the uterus and tore through the broad ligament with my finger in front of the Fallopian tube.

The evidence in Cases III and V is not so absolute as in the others, and they are included in this list not for the sake of demonstrating the occurrence of puerperal cellulitis, as is done by the other cases, but because of their relative bearing upon the subject.

The foregoing cases demonstrate several interesting facts with reference to obstetrics and gynecology:

1. That in the puerperal state, pelvic cellulitis and true pelvic abscess occur as the result of septic inflammation.

2. That inflammation may spread from the vagina or uterus along the pelvic lymphatics to the broad ligaments without involving the Fallopian tubes.

3. That peritonitis can be set up by the spread of inflammation from the broad ligaments to the peritoneum without involvement of the Fallopian tubes.

4. That very extensive pelvic exudate and intra-peritoneal adhesions can be absorbed.

It hardly seems worth while to bring evidence to bear in support of our first proposition, and it would not be called for were it not that a few men of wide experience maintain the contrary. Being able to present absolute evidence in

the shape of carefully and thoroughly observed cases occurring in my own practice, I shall not take the time or trouble to make referene to the literature.

What I have said concerning proposition one is equally true of proposition two, which is distinctly proven by certain of the foregoing cases. Case VII is a beautiful illustration of the fact that a very extensive puerperal cellulitis can be present and yet the Fallopian tubes be entirely healthy. In this case they were scarcely, if at all, congested, and the meso-salpinx was entirely free from infiltration.

The third proposition is likewise proven, especially by Cases IV and VII. In both of these cases the omentum was adherent to the broad ligament, although the tubes were free from disease. I have no doubt that pelvic peritonitis is usually due to the spread of inflammation from the endometrium through the Fallopian tubes to the peritoneum, but these cases show that this rule is not without exceptions. Numerous other exceptions have come under my observation. For instance, a short time ago I did a hysterectomy for a fibroid tumor, in which the tumor, being impacted in the pelvis, was adherent to the rectum and posterior pelvic wall, over an area of at least nine square inches, and yet in that case the Fallopian tubes were entirely normal. In several cases of appendicitis I have found the peritonitis to extend to the pelvis, the Fallopian tubes having nothing to do with its occurrence. Moreover, it is a well known fact that when small tumors, especially dermoids, become wedged in the pelvis, or become twisted upon their pedicles, then peritonitis ensues. Likewise, that in cases of malignant disease of the abdominal or pelvic organs adhesions are almost always present. Therefore, it must be admitted that pelvic peritonitis can occur independent of salpingitis.

Case VI demonstrates our fourth proposition. In that case the entire right lower quarter of the abdomen was fused together by recent peritoneal exudate, and light adhesions had formed in the left half of the pelvis, yet 18 months later, when the abdomen was reopened, the entire mass of adhesions had been absorbed, with the exception of a small point between the omentum and right broad ligament, and another small point between the omentum and the hernial sac. Owing to the very extensive character of the adhesions in this case, it is a striking example of the fact that recent adhesions can be entirely absorbed.

Two women of the seven whose cases have been detailed in this report have been delivered of living children since their recovery from the attack of acute puerperal pelvic cellulitis.4 The subsequent history of four of the other five women is unknown to me. The fact that two of these women have borne children is of interest because of its bearing upon the question of the relation of pelvic exudates to sterility. As this paper has dealt only with demonstrated facts, I shall merely suggest that the occurrence of pregnancy after the existence of extensive exudates, forming during the puerperal state, is best explained in many cases by the fact that the condition present is a puerperal cellulitis rather than a diseased tube. It is a severe tax upon my credulity to accept the statement that extensively diseased tubes, more especially pus tubes, can so far recover as to permit the occurrence of pregnancy; and I believe that the true explanation in not a few cases of pregnancy following the recovery from puerperal pelvic inflammation is, that the disease was originally in the broad ligament and not in the Fallopian tube.

In conclusion I wish to say a few words concerning the relative frequency of acute puerperal cellulitis and inflammation of the Fallopian tubes. I believe, as firmly as anyone, that pelvic cellulitis and true pelvic abscess are comparatively rare conditions, and that the usual variety of pelvic inflammation is a salpingo-peritonitis. I have not met with pelvic cellulitis except in the puerperal state, and have no reason to believe that it occurs in the non-puerperal state, except as a result of infected wounds of the vagina and perineum. As such conditions are very infrequent, a pelvic cellulitis in the non-puerperal state would be a surgical curiosity.

I have added these remarks lest it might be inferred by the unthinking that I am desirous of supporting the old and abandoned theory of Nonat and Emmet concerning pelvic inflammation. At the same time I am glad to be able to present incontestable proofs of the occasional occurrence of acute puerperal pelvic cellulitis and true pelvic abscess.

4 Since writing this article I have learned that Dr. Himmelwright's patient (Case III) has been delivered of a living child, after a normal labor.

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MR. ERICHSEN AND "RAILWAY-SPINE."

We have before us a remarkable communication, recently published in the Texas Medical Journal.

In a recent issue of this exchange, W. Swearingen contributed an article in support of Mr. Erichen's position on spinal concussion, incidentally, in the meantime, laying the lash unsparingly over the backs of the railway surgeons, who were among the first to refute the Englishman's views and demonstrate that they had no foundation in fact and had been widely utilized as a surgical gospel of those who were out for plunder.

A member of our staff at the late meeting of the National Association of Railwas Surgeons in Omaha, in the most exhaustive essay ever submitted in this country, took a defiant and aggressive attitude on the subject of spinal injuries, and denied, absolutely, that a spinal injury sustained on a railroad formed any distinguishing or characteristic features whatever. His position he fortified by the clinical histories of more than a hundred cases of every conceivable type of spinal injury; besides an extensive series of experiments on the rachidian structures of the lower animal. (A clinical and Ex-perimental Study of Traumatisms of the Spine).

Mr. Erichsen's position was taken seriatim, and one after another of his propositions were analyzed and proven fallacious. That the spine may be and often is seriously hurt in railway travel was not disputed, but that railway spine was an independent entity was emphatically combated.

It was also denied that there was such a condition as "concussion of the spine;" that it was a physical impossibility without a coincident association of the mortal injury of the more exposed internal organs.

Now Professor Erichsen comes forward himself, and practically confesses that his mischievous teachings in this line were all wrong. He says:

"Nearly thirty years have passed since I first brought the subject of railway and other injuries of the nervous system under the notice of the profession. At that time (1866), the pathology of the nervous system and of its injuries was very imperfectly understood, and even its modern nomenclature had not been invented. 'Neurosis' and 'neurasthenia' even, were unknown terms, and what I then, for want of a better name, called 'concussion of the spine," is now universally recognized and described under the more modern appellation of 'traumatic neurasthenia.' The morbid states are the same, and the symptoms identical; but the name has been changed ,and the modern designation is probably more in accordance with modern views than was the older one. In all my writings on this subject, I have pointed out that the symptoms arising from railway shocks are identical with those that occur from other and more ordinary accidents of civil life, and that these symptoms so occurring had been described by surgeons many years before railways were dreamt of, and fully a century before I had written a line on the subject."

This is rather a late date to make a retraction; but let us hope it will soon become as widely diffused as the doctrines it repudiates.

Here we have an acknowledgment by the author himself, that in "concussion of the spine" the cord may be in no manner whatever implicated; indeed, that we may have the play of "Hamlet" with Hamlet left out; for everyone knows that in the new fad of the specialist, the so-called "traumatic neurasthenia," the dominant symptoms are psychical, a sort of mixture of hysteria and melancholy—a state which any designing woman may work up to perfection before a jury any time in 15 minutes.

Thanks to the patient, persevering effort of the late immortal Watson and the indomitable energy of American investigators, who have attacked and annihilated the arguments and hollow, shaky foundation of railroad concussion, the time had come when they wrung from the author and originator of the phantom a confession that he was wrong and they were right.

"HE WAS ATTENDED BY FOUR DOCTORS."

How often we see this expression, or one similar to it in the lay papers, after an account of some slight or severe accident. There recently occurred such an account in one of the daily papers, where a man had been injured and copious hemorrhage had taken place from an incised wound, the item concluding by the announcement that "he was attended by four doctors before the hemorrhage could be stopped."

This, on the face of it, looks bad for the profession at large. We do not know the facts in this particular case, but it too often happens that such items get into the daily papers. Every physician ought to know enough to stop an external hemorrhage, especially of a limb, which was the case in the above quoted report. If he can do no better he can put on compression or a tourniquet. A hue and cry is raised over the hospitals and free dispensaries cutting into the practice, and yet there is hardly a physician who, when an accident befalls a person, and to whom he is afterwards called, but will shift the responsibility of the case over onto the hospital rather than send the patient to his own home and undertake the case himself.

Every physician should be thoroughly versed in emergency treatment. It is sometimes a delicate matter to decide off-handed what is best to do under certain circumstances and in certain accidents. Sometimes the hospital is the best place; this is especially true if the patient be poor or dependent on his wage, and the accident be one which is likely to prove expensive to him to treat, perhaps requiring expensive apparatus. But that one or two, at the most two, physicians should not be able to control a hemorrhage of the limb, until the patient had nearly bled to death seems almost absurd.

There is, of course, another side to the question, and that is the extravagancies of the lay press in reporting such cases. Reporters often see more doctors than there really are, or at least like to report an accident case as being worse than it really is, but for this the profession is not to blame. What we wish to see is more prompt and decisive action taken for the welfare of the profession.

PROPERTIES OF A TRUE ANTIPYRETIC.

The properties of a true antipyretic are summed up by Sir Benjamin Ward Richardson in the following brief but practical way:

"We have empirically discovered some medicines which have the effect of reducing temperature; but what is really wanted is principle in this matter, as opposed to mere empirical observation. The substance to be used medicinally, for this purpose, must have three qualities:

"1. It must be antiseptic.

"2. It must be volatile.

"3. It must have the slightest solubility in blood.

"If it be not antiseptic it is negative in its action as a suppresser of animal heat. If it be not volatile it accumulates in the blood and tissues, acts then as a foreign body toxic in its nature, and causes itself secondary symptoms which are mischievous and unnecessary, taxing active eliminating organs, like the kidney, to an undue degree. If it be very soluble in the blood and in the fluids of the tissues, it is the more objectionable on account of its fixation and slow elimination.

"The value of ammonia as a medicine rest largely on its possession of the three qualities named above. Ammonia is a splendid antiseptic, and it is volatile, but it is too soluble, and too

powerful a solvent. Given in sufficient dose to check the animal fire, it dissolves the red corpuscles, prevents the free absorption of oxygen from that effect, and by its presence in the blood also tends to prevent oxidation.

"Chloroform possesses many of the properties required. It is a splendid antiseptic; it is volatile; and, feebly soluble in blood, it does not produce any fixed toxic symptoms, nor tax the eliminatory organs unless carried to anesthesia. I have used it as an antipyretic for over forty years, and with much satisfaction; but the difficulties of its correct administration have stood much in the way.

"Hydrate of chloral, an agent of this same class, is more manageable. It is an antiseptic; it turns into chloroform and sodium formate in the body, so that it is both volatile and eliminative, and unless it be pushed too far it is not toxic. In my first observations made on it immediately after Liebreich's discovery of its narcotic effects, I discovered its remarkable power of reducing animal temperature, and pointed out that when it kills by a large dose, the mode of death is by reduction of temperature of the body. Since then I have employed it regularly as an antipyretic, and the results I have witnessed from its use surpass all others. It is without a doubt, when correctly administered, an admirable remedy for pyrexia, and in enteric fever it is, I believe, the best."

Correspondence.

To the Editor of the "Times and Register:"—In your issue of Sept. 15, on page 167, I read with interest the article, "A Boycott against Pharmaceutical Manufacturers," and feel constrained to say a word in behalf of physicians. The so-called "regular" manufacturers of pharmaceutical preparations have seemingly, with the aid of the druggist, labored diligently for years to ruin the practice of the physicians. They put their goods on the market prepared and directed in such a way, that, after the "chump" of a doctor is so foolish as to once indorse them, by prescribing them, the druggist becomes the doctor and takes charge of the case, and sells the "stuff" directly to the patient. The quack advertisements of these nostrums are piled up in every drug store, and handed to every customer, and the wonderful virtues of the "Great Cure Quick" that the doctors recommend, distributed far and wide by the aid of the doctors. There are many druggists who, when a patient presents a prescription from a physician, will receive it with a skeptical grin, criticise it, or advise the patient to try a bottle of some of the so-called regular "stuff" from the opulent manufacturers, or fill the prescription, and refill it for any and all who apply for it. This cut-throat business has gone on for years until finally the doctors are beginning to wake up and keep their own drugs; hence this pharmaceutical kick.

My own experience and observation is that the doctor who keeps a supply of medicines in his office has a decided advantage over his brother physician who does not, and saves his patient from extortion and furnishes him a better grade of drugs.

J. A. HOUSER, M. D., Indianapolis, Ind.

We are glad to see the physicians waking up to this subject, and trust we may hear from others of our subscribers.—Ed. T. and R.

A POCKET PHARMACY.

Editor "Times and Register:"—To be provided with a pocket pharmacy that shall be sufficiently comprehensive to meet the variety of cases that apply in church, places of amusement, and on the street, while at the same time it is sufficiently compact to carry without inconvenience, has long been the dream of the profession, never realized until the introduction of the alkalodial granules of the active principle.

The writer of this, some years ago, adopted a case, which has been extensively introduced by the various granule manufacturers until it is carried, probably, by more physicians than any other one style of case on the market. Most cases are so large that they are cumbersome, and are soon thrown aside, the physician trusting to luck not to need it, or to get along with his hypodermic, or a stray vial or so that he may chance to have in his pocket.

This little case is adapted in size and style to be carried in the upper vest pocket, where it finds abundance of room (and in the writer's own pocket it leaves space to accommodate a fever thermometer, a fountain pen and a pen-

cil). As will be seen by the cut, it carries nine vials; these are of half-dram size, and will hold 100 each of the average sized granules.—900 doses. So you see it is multum in parvo.

With what this shall be filled depends upon the physician himself, his style of practice, and the cases he will meet. In my own case, at this season of the year (I always change a trifle to fit the season), will be found, 1st, glonoin (nitroglycerine, or trinitrin, as it is sometimes called), gr. 1-250, and of all the remedies for an emergency case this stands preeminently the most important. To relieve spasm from any cause, to stimulate a flagging heart, to relieve syncope or pain from internal congestion, this drug stands without a peer. A granule chewed and allowed to absorb from the tongue, or dissolved in a teaspoonful of hot water, and poured between the set teeth of a spasmodic patient, relieves like magic, and is often curative in itself Its action is to dilate the skin capillaries, causing a rush of blood to the surface, relieving congested nerve centres.

2d, and not less important, is the "king of pain," morphine, which I carry in granules of 1-12 gr. each. Nothing need be said on the uses of this drug, except that where a quick effect is needed, the same is hastened by solution in hot water, and the use of the hypodermic thereby avoided.

I will mention hyoscyamine third, and strychnine arseniate fourth. Pages might be written on the use of these two, but I will simply suggest the action of the first to relieve pain and spasm by dilatation of constricted circular muscle fibres, as in colic dysmenorrhea, asthma, etc., and the sustaining action of the last, which would indicate its use to guard against relapse, with all remedies applied to the relief of acute conditions attended by a faltering of any organ. Nausea is often quickly overcome with a granule of zinc sulpho-carbolate, gr. 1-6, and so I number this fifth; with codeine, gr. 1-67, sixth, it will not only relieve a worrying child, suffering with pain and languor from a decomposing dinner taken into a stomach not ready to receive it, but many other conditions that will present themselves. Aconitine amor., gr. 1-134, in this naming comes seventh, giving its usual first place to glonin, but is none the less useful for all that. It should be added to the treatment of all conditions attended with fever. The size here given is adult dosage, but with judgment may be used undissolved at all ages from 10 years up; in other cases it should be dissolved in water in appropriate quantity. This leaves two more loops, which are occupied by calomel, gr. 1-6, and digitalin, gr. 1-67. With this assortment we cannot only meet emergencies, but can do a large per cent. of an extensive practice; and the case is so small and compact that its presence is often forgotten until the need arrives when it proves itself "a little giant," as some have called it.

To be always prepared is the duty of the physician. It pays in more ways than one and how this can be accomplished to the best advantage should be a matter of more than passing interest.

I shall be glad to answer any questions that may arise in this connection by personal letter or through the "Times and Register."

W. C. ABBOTT, M. D.
Ravenswood, Chicago, Ill.

DIPHTHERIA ANTITOXINE.

Translation.

Berlin, S. O., Aug. 22, 1894.—Dr. Hans Aronson, Berlin. My Dear Doctor:—I have seldom experienced the satisfaction in the treatment of a sick child as was my fortune in the following case, which I feel bound to report to you in brief. It was in a child of seven, suffering from a severe, though not purulent diphtheria. I employed your antitoxine, and after two injections of two cubic centimetres of the lymph, the pharyngeal diphtheria, the hoarseness and the acrid discharge from the nostrils retrogressed with a promptitude that excited my wonder and admiration, and in which a colleague whom I had called in consultation fully concurred. Before applying the remedy I had seen the diphtheritic exudation spread unto the uvula, and involve the entire pharyngeal lymph-ring; the child was somnolent, and its pulse beating 60-65 to the minute, was weak; I was naturally very anxious lest I should lose the case. For three days the child's condition, under all manner of treatment, got steadily worse; but when the injections were begun, the exudation rapidly diminished in the pharynx until there were only a few shreds left on the tonsils. To-day the little girl is playing; the membrane is entirely gone; the mucosae are only slightly reddened; and the swollen glands of the neck have almost entirely retrogressed.

The results in this case have been such that I cannot forbear to express to you my sincerest thanks for the preparation you have placed at our disposal.

Fraternally yours,
(Signed) C. S. ENGEL.
4 Wenden strasse.

Surgery.

Under the charge of T. H. Manley, M. D., 115 W. 49th St., New York.

HERNIA IN THE LINEA ALBA.

Lenhoff of Litten's Poliklinik, describes (Berl. Klin. Woch., July 30, 1894), a thrill to be obtained in these epigastric herniae similar to the hydatid thrill. He first calls attention to the symptoms, and the importance of not confounding this hernia with other diseases. It may simulate catarrh of the stomach and gastric dilatation. There is frequently pain after food, nausea, vomiting, wasting, constipation, or perhaps alternating diarrhea. The hernia is mostly present midway between the umbilicus and the ensiform cartilage. It may be so small as to be felt only in certain positions of the body. Palpation is painful. For a short time it may be replaced when the defect in the linea alba can be felt. Patients are generally over 30. Whether the contents are gut or omentum makes little difference, as the treatment is the same. If the fingers are placed on the hernia, and the patient makes a few successive coughs, a sensation is obtained as if the fluid were being driven up against the fingers. The author records two cases in which this thrill was obtained. It has been present in all cases examined by him. It occurs also in hernia in other situations.

A NEW SYMPTOM OF CANCER.

G. Bogdan (Bull. de la Soc. des Med. et des Naturalistes de Jassy, 1894, I) relates the case of a woman, aged 48, who suffered from cancer of the stomach. The disease had gone through a prolonged period of latency. The patient presented on each cheek a patch of wine-red discoloration formed by the dilatation of the superficial venules; the stain showed out sharply against the pale yellow of the surrounding skin. On the strength of this symptom alone Bogdan was able to make a diagnosis of probable cancer at a time when there was yet no other manifest sign of that affection. He looks upon such superficial varicosities on the cheeks as a valuable help to the early recognition of certain cancers; he has seen it in about two-thirds of the cases of cancer which have come under his observation. He says it is particularly frequent in cases of epithelioma of the stomach and uterus, but less common in malignant disease of other organs.

NEW BELLOWS FOR ARTIFICIAL RESPIRATION.

Dr. B. Ward Richardson has invented a new bellows for artificial respiration, which he describes as follows:

"The instrument consists of a small pair of bellows provided with two nozzles, each containing a valve acting in opposite directions to each other, and so arranged that when the bellows are opened they draw in air—this is to say, exhaust from one nozzle—and when the bellows are closed they throw out a current of air from the other nozzle. Each tube terminates in a nostril tube of suitable shape to fit nostrils of various sizes.

"In employing these bellows for artificial respiration the patient is placed in the recumbent position, or with the head downwards. An assistant then inserts the nozzle of the exhausting tube, which is marked "exhaust," into one nostril, hold it there in position, and closes the free nostril between his thumb and finger, the mouth also being closed. The operator now makes a few strokes of his bellows, by which the lungs are emptied of their contained air. The nozzle of the exhausting tube is then removed, the bellows are emptied of the expired air which they contain, and are filled with fresh air. The nozzle of the injecting tube is next inserted into one nostril, and held in position with the free nostril and mouth closed as before. Lastly, the operator gently injects the chest with fresh air until the lungs are filled with as much air as was drawn out of them by the exhaust movement. This process of alternately exhausting and injecting air can be repeated three or four times a minute, until natural respiration returns. There is no occasion whatever in using the bellows to attempt to follow artificial respiration as quickly as natural respiration; the grand point is to exhaust the lungs of lethal air and to refill them with pure air without disturbance or rough treatment of the body. The bellows might be attached with advantage to the operating table, and as they are easily carried they might enter into the bag of the anesthetist or obstetrician.

Therapeutics.

Under the charge of Louis Lewis, M. R. C. S., Philadelphia.

SALOPHEN IN DISEASES OF CHILDREN.

Dr. Richard Drews (Allg. Medicin. Central Zeitung, No. 60, 1894) has treated with salophen 15 cases of acute articular rheumatism in children varying from 7 to 14 years. In five cases one or both knee joints were affected, in four both ankles, in four both shoulder joints, and in two all the joints of one side of the body. The remedy was administered in accordance with the age in doses of 0.3 to 0.5 gm. every two hours and 3.0 to 5.0 gm. pro die, and in no instance was any influence upon the heart noted. In the majority of cases the pains were already relieved on the first day and vanished completely at the end of three or four days; the temperature always fell to normal in the course of three to four days coincidently with the subsidence of the swelling. In 12 out of the 15 cases profuse perspiration occurred about half an hour after the exhibition of salophen, which, however, had no effect upon the general condition. Aside from this no after effects of any kind were observed. An extension of the affection from one joint to another did not occur; in two cases, however, three to four days after subsidence of the swelling a recurrence ensued, which again disappeared after three days' use of the remedy. Salophen therefore has the same effect in acute articular rheumatism as salicylate of soda while free from its unpleasant sequelae, such as gastric disturbances, tinnitis, vertigo, cardiac depression. An equally satisfactory result was obtained in five cases of severe acute muscular rheumatism of the muscles of the neck in which a cure was effected at the end of three days. In a case of purpura rheumatica in a girl 14 years old, selophen in 0.5 gm. doses every two hours also had a favorable action upon the pains, fever and eruption. A case of chorea is reported in which under administration of 5.0 gm. pro die for 12 days the choreic movements as well as a coincident systolic murmur disappeared completely. As an antipyretic salophen proved serviceable in various febrile diseases, typhoid fever, scarlatina, pneumonia, tuberculosis, acute tonsillitis, the temperature being reduced 1.5 to 2 degrees C., in the course of half an hour. As an antineuralgic it acted admirably in a number of cases of migraine in children varying in age from 8 to 13 years, the pains being completely relieved by two or three doses of 0.3 to 0.5 gm. On the ground of his experience Drews therefore concludes that salophen is an excellent remedy in acute articular rheumatism, deserving preference over all other drugs in pediatric practice; that it is a useful antipyretic and an excellent antirheumatic. It was always well borne, and being tasteless can be administered without difficulty.

CREOSOTE CARBONATE IN TUBERCULOSIS.

It is quite erroneous to assume that the creosote carbonate treatment is a more expensive one than that by a ordinary Beechwood creosote. On consideration, it will be found that it is really the more economical method of the two, and particularly is cheaper than creosote pills or capsules. It must be borne in mind that the creosote carbonate is administered in liquid form, whereas the Beechwood creosote, by reason of its irritating effects, can rarely be taken in a pure state; and when dispensed in the form of pills or capsules its cost is increased so much that it is really greater than that of creosote carbonate. It may, indeed, seem that creosote carbonate is more costly; but this is because so much larger doses of the carbonate are used, and are well tolerated by the patient; nor must it be forgotten that the larger doses are very much more efficient. The expenditure at the moment may be greater, but it is confined to a shorter time. As a matter of fact, it requires less money to effect a cure with the creosote carbonate, than with the ordinary creosote treatment. The creosote carbonate treatment takes but a fraction of the time that the older methods do, and when we consider the expenses incident on prolonged sickness, the balance is greatly in favor of the new method.

Medicine.

Under the charge of E. W. Bing, M. D., Chester, Pa.

THE TREATMENT OF VOMITING IN CHILDREN.

The Journal de Clinique et de Therapeutique Infantiles for August 23 publishes the following directions and formulas to be used in the treatment of vomiting in children: Very young children should be made to swallow small pieces of ice before nursing. Milk diluted with a little Vals or d'Alet water should also be given. Before the child is nursed, three grains and three-quarters of bismuth subnitrate should be put on its tongue. The diet should be restricted, the milk sterilized, and the time of nursing properly regulated. For older children, iced drinks, ice, and effervescent waters are recommended. A teaspoonful, each, of the following mixtures is to be taken, beginning with the first: 1. Potassium bicarbonate, thirty grains; syrup, two hundred and twenty-five grains; water, an ounce and a half. 2. Citric acid, thirty grains; syrup of citric acid, two hundred and twenty-five grains; water, an ounce and a half.

Fonssagrives recommends the following: Essence of cajuput, from six to twelve drops; sugar, thirty grains. When this is thoroughly mixed, add an ounce of syrup of tolu and three ounces of Melissa water. From a teaspoonful to a tablespoonful is to be taken every hour. Huchard prescribes seventy-five grains of tincture of iodine and two hundred and twenty-five grains of saturated chloroform water, of which from two to six drops are to be taken in a little sweetened water.

For nervous children, over twelve years old, Ewald prescribes cherry laurel water, three quarters of an ounce; tincture of belladonna, seventy-five grains; cocaine hydrochloride, four grains and a half; morphine hydrochloride, three grains. From five to ten drops are to be taken every hour or two. The following formula is recommended by Guibourt: Syrup of lemon, three hundred grains; lemon juice and orange-flower water, each two hundred and twenty-five grains; linden water, two ounces; Sydenham's laudanum, nine grains; sulphuric ether, fifteen grains; potassium bicarbonate, thirty grains. The bottle should be corked immediately, and from a quarter to a third of the mixture is to be taken at once. Le Bariller advises the use of the ether spray over the epigastrium; also blisters or the actual cautery over the same part.

—N. Y. Med. Journal.

VOMITING OF PREGNANCY.

A writer in the Lancet says: "I have not failed once for many years, by a single vesication over the fourth and fifth dorsal vertabræ, to put an end at once to the sickness of pregnancy for the whole remaining period of gestation, no matter at what stage I was consulted. The neuralgic toothache, and pruritis pudendi of the puerperal condition yielded as readily, and to one application."

A SINGULAR APOPLECTIC SEIZURE.

We adopt this title for the following case from the Sheffield Daily Telegraph. It is a very appropriate one. Coroners have before now been known to "make remarks," but it is not often that a legal luminary has given such a detailed pathological study as in this instance. The inquest was held on the body of a boy, who, after hiding in a closet, slipped when he came out, and fell over a beam in the roof. There he hung for five minutes, and when he was got down "he looked white and ill, and complained of feeling sick." The Coroner remarked "that it was a singular accident, but he was satisfied that the lad had broken a small blood vessel on the brain. The heart would pump the blood through the fracture, the lad would turn sick, go insensible, and then die. That of course was nothing else than apoplexy." The jury, in accordance with this oracular utterance, returned a verdict that the deceased died suddenly, probably from an accidentally ruptured blood vessel on the brain. A medical man is mentioned as having been sent for to see the boy, who, however, had died before his arrival. Of course, medical testimony at the inquest was unnecessary with a Coroner so satisfied as to the way the death had been brought about.

—British Medical Jour

Electro-Therapeutics.

Under the Charge of S. H. Monell, M. D., 44 West 46th St., New York.

THE NATIONAL SOCIETY OF ELECTRO-THERAPEUTIST'S.

The second annual meeting of this society was held in New York City, September 20 and 21. The morning session was opened by an address upon the subject of Electro-Therapeutic Teaching, by the president of the society, Dr. W. H. King.

In his investigation for the purpose of this paper, he had become impressed with the idea that doctors generally are not electricians. The mechanical side of the subject had so developed that only an electrical workman or machinist could handle it practically, and hereafter physicians should chiefly confine their investigations to electro-physiology and electro-physics. In order to ascertain the extent to which electricity is now being taught in medical colleges, he had sent out letters of inquiry to all the recognized institutions in the United States —140 in all. 93 answers were received, but of these, three were discarded for reasons given.

It was ascertained that 27 colleges had a chair of electro-therapeutics, with lectures and clinics. The number of lectures per course ranged from 8 to 75, an average of 20. Other colleges made some attempt to teach the subject, 8 gave clinics, though not lectures. In many cases where partial teaching was done, the lectures were given by another chair. Only 11 colleges were discovered in which all teaching of electro-therapeutics was omitted. This shows a very rapid growth. Improvement in the quality and character of the instruction given is much to be desired.

Many hold the opinion that the subject is properly one for post graduate courses, but as the number of physicians who take post graduate instruction is relatively small, Dr. King considered that electro-therapeutics was essentially a senior course study. If a student's intelligent interest in the subject was educated up to a just comprehension of its merits before he left college, he would be more apt to carry its usefulness into his practice and pursue post graduate investigation in a spirit worthy to ensure success in its therapeutics.

The less a man knows about a subject before he graduates, the less he is inclined to care for it afterwards, and as the converse of this is also true it is of great importance to the future development of the medical uses of electricity that its value be fully taught in every medical college.

"The Electric Treatment of Appendicitis," by Dr. W. N. Williams, of San Jose, Cal., was then read. The case cited was that of his wife, who was taken suddenly ill in March of the present year. History of attack and symptoms were given in detail, together with a full resume of treatment.

Two applications of galvanism were given daily, with positive pole on the affected region and over seat of pain, the negative being applied to the lower and upper spine in alternation. Current strength was strong as was comfortable.

Medical treatment was continuous during the case, and it would be difficult to describe just what value could be attached to the action of any one agent where so many as here cited were employed.

"How to Measure the Faradic Current," was the title of a brief paper next presented by a maker of electrical apparatus. The first half was occupied by a quotation from the "International System of Electro-Therapeutics." No further light was shed on the subject by the reader of the paper.

The discussion which followed showed how very slight has been the spread of such information as is now definitely known in regard to medical currents.

At least the A B C of medical electricity ought to be generally grasped by the profession at this time, for the facts are abundantly available.

The president, Dr. King, followed with an admirable paper upon "Some Observations on the Influence of Electricity on Muscular Development." He had particularly been impressed with the effects in a case of hemiplegia, treated several years ago, in which the paralytic left side was strengthened so that it finally became more muscular than the right. Since that time he has tested many cases with both galvanism

and faradism, applying them to many forms of weakened muscles; but for the purposes of this paper, chiefly to the muscles of the arms, which could be tested by the dynamometer for increase of strength. Three methods of treatment were tested in both health and disease. Ten minute table applications of mild currents (5 mil.) of both galvanism and faradism produced some slight improvement.

Galvanic currents of 10 millimetres and faradic currents strong enough to contract the muscles were much more effective, but the faradic was by far the most powerful. No special difference between the poles could be discovered when the force of the application was the same for each.

A third method consisted of stimulating motor points with single galvanic and faradic contacts. Each motor point was stimulated six times at each seance. This was the most effective method.

The cause of the more rapid gain seemed to be chiefly the active exercise of the muscles, caused by the vigorous contractions, and when these were equal for each pole, the poles caused equal gains. Small and excessive currents were less beneficial than such as simply caused good firm contraction. The results given were obtained upon healthy muscles.

Thirty cases of diseased conditions were then cited.

It was found that in disease the galvanic current was much better than the faradic, although in health the faradic was the most active. It was also proved that the kind of treatment influences the result greatly—some cases doing well under Method 3 which were not improved by Method 1.

When the reaction of degeneration is present the faradic current is practically valueless, and only acts well in proportion as healthy tissue predominates.

While the results of all cases varied they entirely agreed in corroborating the views generally held as to the relative action of the two currents. The interrupted galvanic current is of the greatest use in keeping up the strength when descending degeneration is present. Galvanism has the power to increase nutrition and strength independent of contractions, while the faradic current has not.

This ability, due to its cataphoric and catalytic action, when added to the exercise caused by interruption, produces the most admirable effect. The faradic current can only increase nutrition by producing contractions.

Finally the speaker concluded that both poles acted equally when they produced equally vigorous contractions.

"An Investigation of Inter-Polar Action in Galvanic Currents," by Dr. W. L. Jackson, was next read. Various experiments with fresh beef—bare copper electrodes and different intensities of current were described.

A specimen was shown, illustrating the effect of 260 millimetres from 60 cells, the current so applied as to limit the action upon the meat to the inter-polar influence solely.

No more decisive demonstration of inter-polar action could be desired than was apparent in the specimen exhibited by Dr. Jackson.

Dr. Flora A. Brewster next read "Hints on the Use of Electricity in Gynecology."

The length of this paper and the rambling nature of many statements it contained necessitate its dismissal in a few words. Those who found much to question in the paper were of the opinion that a closer adherence to established facts would have produced a better impression. Among the various vagaries noted was an electric belt of "her own invention," so powerful that it gave a current of 3 millimetres on short circuit without resistance, and, strange to say, would give the same current when worn by a patient, regardless of the resistance of the skin.

At one time in the experience of this resourceful electrician, she encountered a patient with obstruction of the bowels. She waited at the bedside to see her die, but meanwhile seized a piece of zinc and placed it in the patient's mouth, put a silver spoon in the rectum, connected the two by a wire, and, lo, the patient was relieved.

Papers read later in the session will be noticed hereafter.

Vigouroux claims that static electricity is the best vitalizer in the treatment of neurasthenia.

Miscellany.

THE USE OF HEMOFERRUM IN THE TREATMENT OF ANEMIA.

—By William Thornton Parker, M. D., Groveland, Mass.

Hemoferrum (blood iron) pilloids are something decidedly new in practical therapeutics. As a tonic this preparation will be found very convenient. Hemoferrum is the element iron united with proteid matter as it exists in the blood itself. It is a natural proteid compound of iron, and contains all the iron present in the blood, it being the principal constituent of the red blood corpuscles.

It is presented in pseudo-crystalline, or semi-powdered, form; of pleasant taste, agreeable odor; neutral in reaction and very soluble. It is not an exosmotic, consequently does not constipate. It is non-poisonous; therefore, if taken in large amounts will produce no disastrous effects. Its continuous use does not injure the teeth, since it is neutral in reaction, and, therefore, non-styptic. Being so readily and easily assimilated, it does not tax the digestive organs when they are in a weakened condition. It is aseptically prepared by an original process, and is, therefore, permanent.

The object of its administration is to increase the blood-making properties, stimulate the appetite, and tone up the general system. All of these desirable conditions we have obtained from its use in our own practice.

In the treatment of consumption we require, first of all, a genuine blood tonic to build up the system, and to strengthen it so thoroughly that the diseased germs are overwhelmed, and the vitality of the patient is so much improved that exercise and fresh air can be obtained without further interruption.

The use of hemoferrum, in combination with a creosote treatment, is the best we can do for our tuberculosis patients to-day.

Recognizing the value of iron as a tonic, our good matrons of the olden time prepared iron water by placing nails in a jar of water. This rusty, musty compound they gave to confiding children to drink, much to their disgust and precious little to their benefit.

Now all this is changed. The medical man prescribes elegant preparations of whose honest manufacture and scientific value he is reasonably certain. No tonic pills ever devised have excelled these hemoferrum pilloids. Hemorferrum is an invaluable constructive, or, more properly speaking, reconstructive, agent. It is useful in all forms of systemic depression marked by debility more or less general.

In convalescence from pneumonia, la grippe, typhoid fever, etc., it is very valuable in the treatment of chronic diarrhea and other wasting diseases.

In diseases of women, such as leucorrhea, weakness following childbirth, or from prolonged nursing, this tonic is especially useful.

A genuine tonic is then one of the most valuable medicines to be sought after in the present time, and in this preparation of hemoferrum we have a remedy worthy of both medical adviser and patient.

—New England Medical Monthly.

WINE IN TABLETS.

A chemist of Algiers announces that he has invented a process for concentrating wine in tablets. Henceforth, we are told, travelers will be able to carry great casks of wine in diminutive boxes. The ripe grapes are taken, the stalks removed, and the fruit pressed. The liquid is then pumped into a vacuum evaporator, heat is applied, and at a sufficient temperature vapor is produced, which is passed into a refrigerator. The result is a thick and syrupy liquor, which is afterwards mixed with the grape pulp and pips. The mixture is pressed into tablets, which, it is alleged, will keep indefinitely. To make wine it is only necessary to add the amount of water which has been evaporated. A good wine, of fine flavor, and from eight to nine degrees of alcoholic strength is obtained. The tablets contain about 80 per cent. of grape sugar. It is suggested that the tablets, mixed with a little water or diluted in soup maigre, would prove very nourishing as a ration when campaigning or traveling.

Here and There.

A GRIM VIEW OF IT.

The death of an ossified man in Tennessee is reported. He died hard.—Chicago Tribune. This is as bad as the man who swallowed a thermometer and died by degrees; it suggests also the case of the consumptive undertaker who died of a coffin.—Medical Record. These remind us of a man who choked while eating an apple, and died of appleplexy.—National Medical Review. It was in a St. Louis hotel that a Pike county farmer blew out the gas and died from gastritis. Meyer Brothers' Druggist. Not any worse than the man struck by an engine; verdict, died from locomotor attacksia.—Montreal Pharm. Jour. Still worse the case of that pie-eating dyspeptic of Tiflis, for he died of piemia, sunerinduced by typolitis.—Gaillard's Med. Journal. The other day a negro in Southern Georgia ate six watermelons. He died of meloncholia.—Atlanta Med. and Surg. Jour. Not long ago we saw a trestle builder who had an aggravated case of piles. Nor any worse than the tailor who swallowed his tape measure and died by inches.

Cholera has caused 2,000,000 deaths in Russia since 1832.

A Judge in crossing the Irish channel one stormy night knocked against a well-known witty lawyer who was suffering terribly from seasickness.

"Can I do anything for you?" said the Judge.

"Yes," replied the seasick lawyer, "I wish your lordship would overrule this motion."

The estate of the late Dr. Henry G. Bigelow, one of the most widely known physicians of Massachusetts, is being sued for $150,000 damages by a young lady who claims that the doctor promised to marry her, and that he would have fulfilled his contract had he lived. This constitutes a rather novel breach-of-promise suit.

A countryman was so impressed with a gas stove on exhibition in a city store that he invested in one, although there was no gas in the small village in which he lived. He did not know why the thing would not work until he had made a second trip to the city with his complaint.

The driest place in the world is said to be in that part of Egypt between the two lower falls of the Nile. Rain has never been known to fall there.

A report shows that there are 2173 persons in the world known to have six fingers on one hand, and 431 with seven fingers.

There are nearly 2000 women practicing medicine in the United States.

A Georgia man who has been sick for a long time has prepared for his funeral even to the purchase of a coffin and the digging of a grave.

BOOKS AND PAMPHLETS RECEIVED.

SONDERABDRUCK aus DERMATOLOGISCHE ZEITSCHRIFT. Herausgegeben von Prof. Dr. O. Lassar. Verlag von S. Karger in Berlin NW. 6.

FRACTURES AND THEIR TREATMENT. An address delivered before the Syracuse Academy of Medicine, February CAL SPLINT. By Gregory Doyle, M. D., cuse, N. Y. Reprint from the Buffalo Medical and Surgical Journal, March, 1894.

COLLES' FRACTURE THE ANATOMICAL SPLINT. By George Doyle, M. D., Syracuse, N. Y. Reprint from the International Journal of Surgery, July, 1894.

THIRTIETH REPORT OF THE TRUSTEES OF THE BOSTON CITY HOSPITAL, with Report of the Superintendent. For the year February 1, 1893, to January 31, 1894.

The report of the superintendent shows that 8292 patients were admitted during the year, of whom 3525 were medical, 3172 surgical, 890 contagious, 562 gynecological, and the remainder in special services. The number of accident cases received was 1495, the daily average in the wards 457, an increase of 24 over the previous year. The total number of deaths was 1153, of which number 447 died within forty-eight hours of admission, 203 of diphtheria. Solely for want of proper accommodations in the hospital, 428 persons had to be rejected.

The weekly cost per patient averaged $10.09, while the average stay of patients in the hospital was 19.05 days.

The Times and Register.

Vol. XXVIII. No. 14. Philadelphia, October 6, 1894. Whole No. 839.

Original.

SALOPHEN AS AN ANTI-RHEUMATIC.

BY P. J. ROSENHEIM, M. D., NEW YORK.

During the past year and a half I have frequently had occasion to make use of salophen in rheumatic affections, and with results so satisfactory that I am led to contribute these brief memoranda.

The first case in which I employed this remedy was one of muscular rheumatism affecting the muscles of the right arm and shoulder, and so painful that the patient was incapacitated from work and could dress himself only with great difficulty. Salophen was administered in ten grain doses every three hours, together with friction with turpentine liniment. The remedy was given dry on the tongue and followed by a swallow of water. The pain began to disappear within a few hours after its administration, and on the following day, aside from slight stiffness of the muscles, the patient was completely relieved. This favorable experience has been repeated in a number of other cases of muscular rheumatism, and it would seem that in this affection salophen is a most valuable acquisition to our list of remedies.

In acute articular rheumatism my results from salophen have so far been quite good, although my experience has been too limited to warrant positive statements. It has proved fully as effective as salicylate of soda, over which it possesses the following decided advantages: It is free from irritating effects on the stomach and intestinal canal, does not weaken the heart muscle, and does not produce disturbance of the nervous system. Aside from an abundant perspiration, which appeared within half an hour of its administration and was followed by a reduction of the temperature, it is devoid of after-effects. The patients were not nauseated, and did not complain of headache, ringing in the ears or vertigo, as so frequently happens with the salicylate. The cases treated were of moderate severity, and what impressed me most was the rapidity with which salophen relieved the pains and promoted the comfort of the patient. In the case of a very sensitive woman, who suffered from acute rheumatism of the one ankle and knee joint, the pains abated considerably after the first three or four doses of fifteen grains, given at intervals of two hours, and she was enabled to enjoy a good night's rest. As regards the disappearance of the swelling and other symptoms I failed to note any appreciable difference between the action of salophen and the salicylate of soda.

Before closing permit me to call the attention of your readers to the value of salophen in cases of tonsillitis. There is nothing surprising in this, since tonsillar inflammations occur so frequently in rheumatic subjects that there seems to be a distinct relationship between these affections. It has lately been my habit to prescribe in acute follicular tonsillitis five grain doses of salophen every two or three hours until the pains and discomfort were relieved, and then at longer intervals. Here also I noted the analgesic and sedative properties of the remedy, the pains and irritation in the throat usually yielding rapidly to its influence. In cases attended with marked fever I usually combined three to five grains of phenacetine with the first two or three doses of salophen, and found this combination very effective.

THE THERAPEUTIC ACTION OF TRIONAL.

BY OTTO BAKOFEN.

Inaugural dissertation presented to the University of Freiburg.

In recent years several new hypnotics have been introduced into the materia medica by Baumann & Kast, of which two deserve special consideration, namely, sulfonal, diethylsulfondimethylmethan, and trional, diethylsulfonmethylethylmethan. As regards sulfonal, which was rapidly introduced into therapeutics, it was found as a result of experiments on animals that the hypnotic effect was attributable to the ethyl groups which it contained. Conformably to this fact, it was also determined by means of experiments on animals that trional, which has one ethyl group more than sulfonal, had a better action than the latter.

The first test of trional on human beings was made at the General Hospital of Hamburg-Eppendorf, and the observations and results were published by Barth & Rumpel (Deutsch. med. Worchenscher. 1890, No. 32):

The dose and manner of administration was similar to that of sulfonal. "The greatest single dose amounted to 3.0 gm., the largest daily dose to 4.0 gm."

Trional was administered 72 times to 40 patients, and produced sleep in 64 cases.

After-effects were never observed by them, except occasional fatigue and sleepiness. The authors further believe that by a proper selection of the time of administration a postponement of the effect could be entirely avoided.

The remedy was inefficient only in alcoholic delirium. In this disease, under use of doses equivalent to those of sulfonal, they were unable to prevent a threatened attack, or to abridge it when already developed. They obtained the following results:

1. Trional in human beings possesses a decided hypnotic action.

2. To obtain the same degree of hypnotic effect, approximately the same dose was required as with sulfonal, and not two-thirds of the dose, as might have been expected from the experiments on animals.

3. In certain cases where sulfonal was ineffective Trional produced a full hypnotic action.

4. The indications corresponded to those of sulfonal.

5. The action of trional was better than that of sulfonal in 17 cases, equivalent in 6, and inferior in 7.

6. After-effects and a postponement of action could be avoided by appropriate dosage and period of administration.

E. Schultze (Therapeutische Monatshefte, No. x, 1891), reports his investigations on trional from the Provincial Insane Asylum at Bonn.

Among 76 patients over 1000 gm. were employed in about 600 single doses, varying between 1.0 to 4.0 gm. The remedy was also given in fractional doses in various cases, and it was found that an administration of 2.0 gm. morning and nights was most serviceable.

The powder was administered one-half hour before retiring, in warm water or soup. The effect of the remedy ensued within the first hour after its administration.

Of the 76 patients 20 were affected with mania, 15 with paralysis, 8 with paranoia, 17 with mental weakness, attended by excitement; and 16 with melancholia.

1. In the cases of mania and paralysis he made the following observations:

In cases where the patients had remained awake all night in bed, although experiencing a desire to sleep, trional exerted a very favorable action. In patients who were noisy and restless all night, a single evening dose had a satisfactory result only in the milder cases. Under administration of 2.0 gm., each, morning and night, he obtained a good effect also in the other cases. The patients became more quiet, although no influence was exerted upon the disease itself. He observed a less favorable result when the remedy was employed in such cases in 1.0 gm. doses two or three times daily.

In cases where the patients were very restless during the day, but slept during the night, the remedy was given with good effect once daily in the morning.

An absence of effect was observed by him in only one case of mania and three cases of paralysis. In a recent case of periodical mania the administration of 2.0 gm. twice daily, and continued for 14 days, produced a considerable amelioration of the attacks, but had no influence in shortening them.

2. In eight cases of paranoia, in which the patients were unable to sleep on account of strong hallucinations, the effect failed to appear in but one case, while in the others it was excellent.

3. In 17 cases of dementia with excitement doses of 1.0 gm. were almost always followed by a good result.

4. Trional also produced a sleep of six to eight hours' duration in melancholic patients. In but two of the 16 cases was the effect but slightly developed.

Finally Schultze observed a favorable action from 1.0 gm. in four mentally sound persons who suffered from nervous sleeplessness.

In several instances after the use of trional he noted a diminution of the hallucinations.

Unpleasant or injurious after-effects were never observed by him, except that in two cases after an evening dose of 3.0 and 4.0 gm. respectively he observed an ataxia of the lower extremities in the morning, which, however, disappeared during the course of the day.

In three cases in which sulfonal proved ineffective trional had a favorable action; in two cases in which sulfonal had produced headache and edema of the upper eyelids trional had no ill after-effects.

Schultze therefore concludes that trional is an admirable hypnotic, equivalent at least to sulfonal, and even frequently preferable to the latter.

M. Horvath (Magyar Orvos i Archivum, 1892, I evfoliam 3 fuzet) made his experiments in the pharmacological institute of Professor A. Bokai, of Budapesth. His observations were as follows:

He employed the rememdy in doses of 0.5 to 2.0 gm. at the clinic of Prof. Laufenauer in 27 cases affected with various psychoses, giving it altogether 70 times. His results were unfavorable, but he believes that the cause of his failures was attributable to the noises in the wards as well as to the small doses administered. In cases, however, where sleep was produced the effect occurred already at the end of an hour, while in some instances its duration was only one to two hours; in others it extended over several nights.

Horvath found that trional also produced sleep in healthy persons. He tried it on himself, and even at the end of ten minutes experienced a desire for sleep with a peculiar feeling of lassitude. His gait was unsteady, his skin decidedly hyperesthetic. In but one case were tinnitus, nausea and weakness of sight observed.

Aside from the employment of trional in human beings Horvath also experimented with the remedy on frogs, rabbits and dogs. The result arrived at was that trional acts more intensely than sulfonal. The effect always had the character of an intoxication.

Horvath further demonstrated that the drug had no influence upon the form of the blood corpuscles, nor upon the spectrum of the blood. Occasionally it produced contraction of the vessels, and furthermore an accleration of the heart action, followed by a retardation, was observed, which, however, was free from danger Simultaneously, he noted a slight diminution of the blood pressure, a reduction of the bodily temperature, sometimes of considerable extent.

The influence of trional upon the respiratory apparatus is more pronounced. The respirations, which are at first increased in frequency, gradually diminish, and finally cease, so that death occurs in consequence of respiratory failure. The reflexes, which are also at first increased in strength, gradually disappear completely. Other changes were not observed by Horvath.

Schafer reports the results obtained from the employment of trional in the Psychiatric clinic of Prof. Binswanger, of Jena.

Altogether 500.0 gm. in about 300 single doses were administered to 119 patients. The single doses varied between 0.5 and 4.0 gm. The largest daily dose amounted in two cases to 6.0 gm., in one case to 8.0 gm. Usually a single dose of 1.0 to 2.0 gm. was given at night. In conditions of marked excitement 1.0 to 3.0 gm. were also administered at intervals of four to eight hours.

The remedy was usually given in warm milk or in warm red wine.

In a few cases of paranoia with hallucinations of poisoning, as well as in cases where a more protracted action was desired, it was administered strewn upon chopped meat or buttered bread. In one instance it was also employed with good results in the form of a starch enema.

In cases where a course of treatment with other remedies was in progress, as for example, with opium or hyoscine, these were not discontinued during the employment of trional.

The chief indication in the vast majority of administrations was to produce sleep. The insomnia was due to various diseases.

To illustrate the effect of trional Schafer presents the following table:

	No. of Single dose.	Percentage of effective dose.
1. Primary insomnia	30	90.0
2. Insomnia from bodily pains	6	0.0
3. Insomnia from primary mental disorders:		
a. Depression and fear of moderate degree	50	90.0
b. Exhilaration of moderate degree	13	92.4
4. Insomnia from secondary mental disorders produced by hallucinations and delusions	28	68.4
5. Insomnia due to hallucinations and primary insane excitement without emotional disturbances.	39	90.0
6. Insomnia with moderate motor restlessness in cases of neurasthenia, paralysis and mental weakness	66	86.5

Aside from the hypnotic effect a sedative influence was also produced in conditions of motor agitation of high degree. The remedy was administered during the day and the following results obtained.

	Number of single doses.	Percentage of effective doses.
1. Intense anxiety and depression.	11	85.0
2. Mental exhilaration (irritability, anger) and incoherence of ideas.	27	24.3
3. Hallucinations, together with incoherence and more rapid flow of ideas.	22	36.4

Trional therefore has a pronounced hypnotic as well as sedative action.

Sleep occurred in the course of 15 to 20 minutes, and was deep, dreamless, and, as a rule, continued uninterruptedly for six to ten hours. The majority of patients awoke refreshed in the morning.

In six per. cent. of the cases after-effects were observed, consisting of fatigue, lassitude and sleepiness.

In nine cases, after fourteen single doses, the paralysant effect was of longer duration than the hypnotic. The patients complained of vertigo, numbness, unsteadiness of gait. In a few cases, nausea, vomiting, flatulence, diarrhea and ringing in the ears were noted.

No injurious effects upon the heart, lungs and kidneys were met with.

A number of experiments made by Schafer upon rabbits with regard to the direct action of the drug upon the cerebral cortex revealed nothing of special interest. The condition of electrical irritability was unaffected.

This author also found that the action of trional is much more intense and prompt than that of sulfonal. In conditions of slight motor restlessness, where sufonal failed, trional acted promptly. Schafer reached the following conclusions as the result of his experiments:

1. Trional has a pronounced hypnotic as well as sedative effect, which occurs as early as 10 to 20 minutes after its use.

2. Trional is a prompt and reliable hypnotic, which is indicated in insomnia in the various forms of neurasthenia, the functional psychoses and organic diseases of the brain. It has completely failed only in cases of morphine and cocaine habit, and where bodily pains were severe.

3. It is not serviceable as a sedative in the high degrees of psychical excitement with violent motor restlessness.

4. The effective dose varies from 1.0 to 2.0 gm. Single doses of 3.0 to 4.0 gm., or daily doses of 6.0 to 8.0 gm., can be administered without apprehension.

5. It is best given immediately before going to bed.

6. Injurious effects upon the different organs of the body, upon the stomach and intestinal canal, have not been observed even in a slight degree. Slight after-effects occurred, but rarely.

7. After prolonged use no marked symptoms appeared after its discontinuance; the development of a habit also seems to be excluded.

At a meeting of the Roman Academy of Medicine, June 26, 1892, A. Ramoni (Deutsche Medizinalzeitung, 1892, No. 67) reported the results of his experiments with trional. He employed the remedy in 51 cases of mental disease, and arrived at the following conclusions:

1. The action of trional is stronger than that of sulfonal, tetronal, and chloral hydrate.

2. The effect is developed at the end of 20 to 30 minutes.

3. The sleep produced, which is quiet, dreamless and uninterrupted, lasts from 6 to 8 hours.

4. On awakening no disturbance of any kind is experienced.

5. Unpleasant or injurious after-effacts were not noted.

(As I had no opportunity of consulting the Deutsche Medizinalzeitung, I took this report from the dissertation of S. Hammerschlag.)

A. Boettiger (Berliner Klin. Wochenschr., 1892, No. 42) reports his investigations, which were made in the Psychiatric and Nervous Clinic of Prof. Hitzig, of Halle.

About 710 gm. were employed in about 480 single doses in 75 cases. These varied in size between 1.0 and 4.0 gm. The largest dose per day amounted to 6.0 gm. Single doses for producing hypnotic or sedative effects during the night were given between 8.30 and 9 P. M.—that is, shortly before the patient retired. In some of the cases fractional doses were given in the course of the day.

The remedy was administered in form of a fine powder in an abundant amount of warm water, milk, soup or tea.

In some cases it was administered by rectum in the form of a watery solution.

Boettiger communicates his observations in the various classes of diseases:

1. In simple uncomplicated agrypnia trional is a prompt and effective hypnotic. In this group he places the insomnia of functional and organic nervous diseases, unattended with pains, the insomnia of convalescence from physical disorders, and finally, the insomnia of mental diseases, if these be not attended with motor restlessness or disorder, primary or secondary, due to insane ideas and delusions, brooding melancholia or paranoia. Trional was employed in 16 cases of simple insomnia of this character; 174 gm. being administered in 133 single doses, 92 of which amounted to 1.0 gm. and 41 to 2.0 gm. The period of time that elapsed until the occurrence of sleep varied from one-quarter hour to one and one-quarter hours, the duration of sleep varying from six to nine hours. Sleep was unusually deep, quiet, uninterrupted and dreamless. The pulse frequency and respirations were unaffected, and after-effects were seldom noted. In a few instances the patients appeared somewhat fatigued and sleepy in the morning, and on one occasion after the administration of 2.0 gm. trional he observed on the following day a disagreeable feeling of vertigo, staggering and slight malaise. The remedy could be given every evening for two to three weeks without any risk to the patient or impairment of its efficacy.

2. In insomnia due to bodily pains his obesrvations were as follows: In two cases of male hysteria deep sleep was produced by 1.0 gm. In four cases of organic disease of the spinal cord the effect was variable. In two of the latter, one of tabes and the other of amyotrophic lateral sclerosis, the sleep remained insufficient. A somewhat better result was obtained in two other cases of tabes; tolerably good sleep was produced four times by 2.0 gm. and once by 3.0 gm. Boettiger agrees with Schafer in the view that trional fails to act in cases where physical pains are pronounced. In a case of severe hypochondriasis, in which altogether 59 gm. were administered in 43 single doses, Boettiger had very variable results. The effect of trional, which was administered in doses of 1.0 to 2.0 gm., was dependent upon the subjective condition of the patient. As soon as the pains became severe even 2.0 gm. proved ineffective, while on other occasions 1.0 gm. gave a good result. Contrary to Schafer, Boettiger noted a favorable influence from trional in cases of morphio-cocaine habit, and found the remedy a very reliable means of affording sleep and rest to the patient during the night.

3. (a) In 33 cases of mental disease in which insomnia was complicated by

slight psychical disturbances of primary or secondary character, or moderate delirium and motor restlessness, trional was employed in 145 single doses of 1.0 to 2.0 gm. Good effects were obtained in the vast majority of cases; sleep ensued within a short time, and lasted from 6 to 10 hours. After-effects were not observed, except that in two instances a feeling of dizziness was experienced. Boettiger recommends that where the intention is to administer the remedy for a long time it is advantageous to commence with moderate doses of 2.0 to 1.5 gm., which are gradually diminished in size. Conformably to the observations of Barth and Rumpel, the remedy proved ineffective in recent cases of alcoholic delirium. On the other hand, it acted admirably in alcoholic paranoia.

3. (b) The remedy was also employed in nine cases of violent excitement in 32 single doses of 2.0 to 3.0 gm., sometimes several times per day up to a daily dose of 6.0 gm. Here also the effect was almost always good and sufficient. In a case of melancholia only one dose out of nine failed to act, and the same applies to a case of mania. No after-effects were observed. In one case, however, in which deep sleep was produced by a dose at night of 4.0 gm., there occurred on the following morning vomiting, diarrhea, reduction of temperature to 36.1 degree C., temulence and dizziness.

Contrary to the observations of Schultze, Boettiger noted surprisingly good results from fractional doses of 1.0 gm., two or three times daily, and repeated for several days. Patients suffering from conditions of violent excitement became quiet and slept well at night.

The rectal form of administration also gave as good results as its use per os, the effect being prompt and pronounced.

By examining the quantity of acid in the stomach after Ewald's test breakfast, and by determining the protolysis in the same gastric juice with and without the addition of 0.5 gm. of trional. Boettiger was able to demonstrate that the drug had no influence upon the chemical processes of digestion.

To be continued.

The University of Chicago is about to begin the publication of an astronomical journal. Professor George E. Hale, of the Chicago University, and Professor James E. Keeler, of the Allegheny University, are to be the editors.

The following advertisement appeared in one of our daily papers: "Wanted—A gentleman to undertake the sale of a patent medicine. The advertiser guarantees it will be profitable to the undertaker."

—Truth.

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PHILADELPHIA, OCTOBER 6, 1894.

ELECTRICITY AS A DISINFECTING AGENT.

The employment of electricity, if present indications are worth anything, will soon be in practical use for the disinfection of the water supply of cities and towns and secondarily that of sewers.

Not long since an experiment was tried in the town of Brewster, N. Y., in the presence of prominent public health officials, which proved eminently satisfactory.

The apparatus consists of a number of tanks with a capacity of from 2000 to 3000 gallons, a twenty-horse power doiler, a fifteen-horse power engine and a four-horse power dynamo. This whole outfit, costing less than $5000, can be run, it is said, at an expense of four dollars per day.

Such an apparatus as this is found sufficient for a city of 30,000 population.

The disinfecting fluid conveyed into a sewer, it is asserted, will instantly kill the germs of all kinds of contagious diseases, including those of cholera, diphtheria, scarlet fever, measles and typhoid fever. A glassful of the drainage from the outlet of a sewer upon which the apparatus had operated, when submitted to a chemical test, indicated the presence of large quantities of ozone, which is one of the most powerful of germicides.

The basis of this plan is water. With a plentiful supply of this in a city and an apparatus of sufficient power there seems no reason why this system would not work well.

The question of disinfecting cities is of vast importance. We are threatened every year with pestilence, and a sure preventive would save countless lives and much suffering. Anything which promises such a result should be examined without prejudice and reported upon for the consideration of the people, all of whom are interested in the public health.

It would be interesting to know whether the action of thunder storms is that of a disinfecting agent or whether the rain which descends during a heavy thunder shower contains enough ozone to disinfect our water supply or sewers. We fear such would not be the case to any appreciable degree, but there is doubtless more or less purification of atmospheric conditions after an electric storm.

POISONED AIR A CAUSE OF INEBRIETY.

Dr. T. D. Crothers, in the Journal of the American Medical Association, August 25, 1894, details an account of a man who while living in the country was an abstainer, and came to the city to reside. He slept in a dark room, in the centre of an apartment, with insufficient air. Patient became anemic, suffered from insomnia, and began the use of spirits to encourage sleep, until he became an habitual dunkard, and was ill from semi-deliriums.

He was removed to the country, placed in a light, airy room, and all spirits withdrawn. Recovery followed rapidly. Other accounts follow, showing that bad air in crowded tenements and basement residences will lead to inebriety.

PROTRACTED ANESTHESIA.

Of all the great advances made in the healing art in this century, which is drawing to a close, none transcends the utilization of the volatile spirits of subliminated alcohol for anesthetic purposes. The most agonizing operations are stripped of their terrors and the suffering patient in a quiet slumber, oblivious of everything about him, sleeps on until such time as it is considered desirable to recall consciousness.

In times gone by one of the most necessary qualifications in the operator was rapidity.

There have been surgeons of pre-eminent merit, who, nevertheless, were so tedious in manipulation and slow in execution that they never succeeded as operators.

Lawson Tait maintains that even now with all the advantages which anesthetics give us there is no quality more desirable than celerity in action after an operation is commenced, and he tells us that Seymour, of Edinburgh, was a failure in London through a want of this faculty.

To suppose that because our patient is unconscious to suffering we may prolong indefinitely our operative technique is a mistake, for it may be laid down as a law that the more promptly an operation is performed and the less time consumed, so much the better are our patient's future prospects of surviving and regaining his full health.

We often read in clinical reports that such a patient recovered finely from the operation, but a day or two subsequently urinary suppression set in and cut him off. Septic (?) pneumonia suddenly ended him, or, after a few months, acute insanity developed.

No! Not only is the protracted administration of anesthetics not innocuous, but in not an inconsiderable number such effects follow as wreck the nervous system for the remainder of life.

Pulmonary anesthesia is a species of asphyxia which always markedly inhibits full oxygenation of the blood. Therefore, if we would avoid its deleterious effects, when time is permitted, no complicated serious operation should ever be undertaken until we have first sketched the plan of procedure mentally, and considered all its details and possible contingencies. Then, armed and nerved with such confidence as only comes from sound knowledge, skill and

experience, we may go ahead, always bearing in mind that reduction in time is one of the most important factors in the operator's conduct of a case.

THE BURST-UP OF LISTERISM.

Since its inception I have been professional heathen enough to disbelieve in and to deride this folly. I have watched for many years with mingled amazement and amusement the pirouetting of Sir Joseph Lister among "putties," gauzes, calicoes and steam engines, in order to kill spores and thus prevent suppuration, decomposition, etc.; and I predicted that if Sir Joseph continued in the course in which he was incontinently following, he would ultimately arrive at the point where he originally departed from common sense. I maintain that this prediction has been verified. In his recent address to the Glasgow University Medico-Chirurgical Society, Sir Joseph Lister threw a bomb, much to their consternation and chagrin, among his obsequious flatterers and adulators. Originally, and for as long a period as anything has reigned in "antiseptic surgery," the shibboleth was that suppuration was due to germs floating in myriads in the atmosphere, and the "scientific" method to prevent this suppuration was, as held by the worshipers of this fetish, to kill these germs, and hence Sir Joseph Lister's numerous appliances and devices, all of an ephemeral nature. At the meeting above referred to, Sir Joseph performed what it is to be hoped will be his last antiseptic somersault, in advising the surgical acolytes of Glasgow to pay no attention to atmospheric germs, but preparatory to any operation to bathe the skin with, and immerse the instruments in, a certain solution of carbolic acid. Thus Sir Joseph is back to carbolic acid, which is a very inferior antiseptic, and he has now no theory of atmospheric germs, and hence whatever there was novel in his theory and treatment disappears by one coup. If it be "Listerism" to apply "antiseptics" to wounds, to enjoin cleanliness, and to prevent the access of "gross dirt" to wounds, then there was "Listerism" before Sir Joseph was born, and there will be after many generations of surgeons have passed away. But Sir Joseph has discovered a new "antiseptic" pet; he tells his audience that certain cells termed phagocytes kill the germs, and by their gustatory intervention prevent suppuration, decomposition, disease, etc. Now, I venture humbly to assert that there is no more scientific evidence of the existence of "phagocytes" which comport themselves in this manner than there is for the existence of witches, and of the two beliefs the latter appears to me to be the more reasonable. I read in a recent number of an influential medical contemporary that Sir Joseph Lister had been awarded the Albert medal of the Society of Arts "for the discovery and establishment of the antiseptic method of treating wounds and injuries (what is this?), by which not only has the art of surgery been greatly promoted and human life saved in all parts of the world, but extensive industries have been created for the supply of materials for carrying the treatment into effect." If it be "science" to give a transient impulse to the manufacture of "putty" and calico, then I have certainly misinterpreted the term "science" during all the years that I have lived.

—D. Campbell Black, M. D. (Professor of Physiology in Anderson's College, Glasgow), in Medical Press and Circular.

(Note.)—The "Times and Register" claims the credit of being the first medical journal in America that had the courage and independence to come out and denounce the fakeism which Listerism has lately degenerated into. We have from the beginning denied that modern antisepsis rested on a scientific foundation, and time has abundantly demonstrated that we were in the right, as this countryman of Lister declares.—Ed.

PERMANGANATE OF POTASH VERSUS MORPHINE.

We have ben asked to give the status of permanganate of potash as an antidote to morphine poisoning. Statistics are as yet meagre and an editorial in the May 12th issue gave an account of the administration of the drug. The remedy is used in acute morphine poisoning in doses sufficient to counteract the dangerous symptoms of the morphine, by hypodermic injections of a solution nearly to the point of saturation. From one to four or more drachms may be required. Abscess is prone to follow the hypodermic injection. Internal administration does not react so quickly.

Surgery.

Under the charge of T. H. Manley, M. D., 115 W. 49th St., New York.

MALIGNANT TUMORS.

Malignant tumors may cause intestinal fistula either by producing obstruction followed by distention and ulceration on the proximal side, or by directly implicating the intestinal wall. The latter mode of origin is the most common. The malignant tumor in such instances invades by contiguity the part or organ which becomes the seat of the intestinal fistula, and at the same time perforates the intestinal wall, so that the fistula is surrounded everywhere by malignant tissue. Carcinoma more frequently pursues such a course than sarcoma. Infection of the malignant tumor with pus microbes plays often an important role in such cases. The suppurative infection often overshadows the malignant disease so completely that the surgeon is misled in his diagnosis and institutes treatment appropriate for abscess when the operation reveals a malignant tumor as the foundation of the difficulty. Carcinoma of the cecum complicated by suppuration has been repeatedly mistaken for appendicitis. Carcinoma of the sigmoid flexure and cecum occasionally results in a pathological anastomosis between the affected part of the bowel and an adjacent loop of the small intestine. Carcinoma of the upper part of the rectum only too often invades the bladder and results in the formation of a recto vesical fistula. Carcinoma of the stomach and transverse colon have resulted in pathological gastro-colostomy.

Genn. Lancet—Clinic, September 8, 1894.

PALLIATIVE TREATMENT OF UTERINE CANCER.

Boldt (Archiv. of Gyn., June, 1894), speaking of cases where operation is impracticable as the malignant deposit cannot be removed entire, recommends as the best form of treatment curetting and subsequent cauterization. Curetting and packing with pledgets saturated with chloride of zinc will also prove beneficial. If rigid antiseptic precautions be taken, piercing of the uterus by the curette may do no harm. The uterus is first curetted, then the cavity is repeatedly sponged with a mixture of commercial acetic acid (1 drachm) glycerine (3 drachms), and carbolic acid (20 grains). Lastly the cavity is packed with absorbent wool.

PULSATIONS OF THE AORTA IN THE EPIGASTRIUM OF NERVOUS ORIGIN.

Professor Potain, Paris, France.

We have in the ward Piorry a female patient who offers a complex picture of symptoms. Profoundly anemic, suffering some time from neurasthenic symptoms, the least work exhausts her; she has points sensitive to pressure in the facial nerves, and the last dorsal and the first two lumbar vertebræ are sensitive to pressure. She does not experience a sensation of weight on the vertex, but suffers from orbital neuralgia. Her digestion is faulty; she has flatulent dyspepsia, pseudo-membranous enteritis, with constipation and a progressive exhaustion of her whole system. Her abdominal organs are movable, especially her right kidney, which descends to the upper crest of the iliac fossa.

But that which most attracts one's attention is a pulsation in her epigastrium, which is very troublesome, and especially so at night, when it robs her of her sleep; it is so violent as to lift one's hand if laid upon her epigastrium. On auscultation, a pronounced diastolic murmur is to be heard. In spite of this her heart is normal, pulsation in the crural vessels is synchronous with that of the heart. A diagnosis of aneurism is not to be made, as would have been done in times past, simply because this pulsation and murmur of the abdominal aorta were audible. Neither do I wish to deny that diagnosis of the aneurism of the abdominal portion of the aorta is difficult, particularly when it is situated in the upper portion of that cavity. Stokes has reported a case of a lawyer who suffered from atrocious pains in the epigastrium, and who not only consulted a number of eminent English physicians, but also Andral, in France, who all declared that he was a sufferer from dyspepsia. One day his aortic aneurism burst and he died suddenly.

Aneurism of the aorta was suspected

in our case, and search was made for it, for in actual aneurism there are present those characteristic signs, dorsal and epigastric pains, and especially in the lumbar region, which are often terrific and of great extent. They come in crises and cease completely in the intervals. They are aggravated by movement, walking about and pressure. Besides there is dysphagia, dyspepsia and vomiting. A second characteristic series of symptoms is furnished by the abdominal pulsations; but to diagnose an aneurism one should not only bear in mind the intensity of these pulsations, for there are aneurisms which are accompanied by very slight pulsation. Thirdly, there is to be heard a murmur which is mostly single and sometimes double. In our patient we actually meet with this triple series of symptoms—pains, pulsations and murmur. But, if we examine these carefully, we shall see that they differ from those associated with aneurism.

—Medical and Surgical Reporter.

INGROWING TOE-NAIL.

This affection has been usually ascribed to the pressure of too narrow and small shoes, but according to the investigations of Dr. Regnault (Med. Week), while the action of shoe pressure is to produce deviation of the big toe by bending the nail, this is not sufficient to cause it to grow it in. The toe may be deviated, the nail bent like a claw and deeply implanted in the flesh, without the occurrence of ulceration. Moreover, ingrowing nails are quite common in individuals of a lymphatic tendency who have a thick toe and a small flat nail, and in them the constitutional state is the chief causative agent. When this affection occurs in healthy persons, however, whose toe has been more or less changed by shoe pressure, Regnault cautions us not to attribute too much significance to the latter. He believes that slight traumatisms, due to contusion of the toe or cutting of the nails, and uncleanliness which favors the entrance of pyogenic germs, are frequent exciting causes of ingrowing nails, which, if obviated at the onset, will assure a prompt cure of this trouble.

—Internat. Jour. Surg.

UNSEXING OF WOMEN.

When will the profession realize that the "craze for operating" that has seized many physicians has led them to unsex and mentally destroy numbers of women more for the sake of figuring as operators than on account of any good that would be done the patient? We know of no cases where Tait's operation was a benefit to the victim, and of many where it was an injury

—Medical Epitomist.

THE TECHNIQUE OF CURETTAGE.

Dr. M. Sanger states that, aside from the infectious, gonorrheal forms of chronic endometritis, the most frequent and important varieties are endometritis, menorrhagica and hypersecretoria. For the former (endometritis interstitialis, fungosa, climacterica) the best treatment consists in curetting, followed after a few days by the application of caustics. In endometritis hypersecretoria which is usually limited to the cervix uteri, irrigation, gauze "drainage," and cauterization are especially indicated. Irrigation must be preceded by dilatation of the cervix with laminaria tents, and rarely effects a cure unless associated with other measures. As a preparatory procedure to cauterization, washing out the uterus with a soda solution is of service. The use of gauze tampons, especially of medicated gauze, has a favorable action, although they should not be regarded as promoting drainage. They have the disadvantage of requiring to be frequently renewed. This objection does not apply to cauterization, the stronger the caustic the less frequently it has to be repeated. Sanger believes that in general the cauterization resorted to is too mild and too frequently repeated. Among caustics he prefers a 50 per cent. solution of chloride of zinc, which is suitable both for catarrhal as well as chronic, infectious and menorrhagic forms. In cases where the cervical canal is narrow, however, in virgins and nullipara, weaker solutions are in place. If a 50 per cent. solution be employed the application should not be repeated until the end of sixteen to twenty days. For cauterization Sanger employs a long, thin, silver sound.—Centralbl. f. Gynaekol., No. 16, 1894.

FOR HEMORRHOIDS.

When piles are prolapsed and inflamed and operation refused, paint daily with tincture of iodine.—Ivanoff.

Therapeutics.

Under the charge of Louis Lewis, M. R. C. S., Philadelphia.

TRIKRESOL IN TYPHOID FEVER.

Dr. H. Kolsch (Sem. Med., 1894, xiv, p. 146.)

Dr. H. Kolsch reports on the use of trikresol (mixture of orthopara and metacresols) in 12 cases of typhoid fever treated during the entire course of the affection with this remedy alone, to the exclusion of all other medication and even baths. The trikresol was administered three times daily, half and one hour after the ingestion of food (milk) in capsules, each containing 10 centigrammes (one and a half grains) dissolved in olive oil by means of potash soap, which oily solution has been named entero-cresol. Three capsules were given on the first day, six on the three days following, nine on the fifth to seventh days, twelve on the three days following. From the eleventh day on the daily number of capsules was diminished in the inverse ratio. As a result of this treatment, it is stated, there was absence of tympanites, of gurgling, of painful sensibility in the right iliac fossa and of complications and relapses. The pulmonary symptoms were remarkably slight, and convalescence was rapid.

The six patients with whom this treatment was instituted early—that is, on the third to seventh day of the disease—became convalescent in 13 to 18 days. The favorable effect exerted by entero-cresol on the fever is reported to have been striking. It was sometimes manifested even after the ingestion of but six capsules a day, but oftener from the day on when 12 capsules were begun to be administered, by a gradual abatement of the pyrexia and definitive defervescence.—American Medico-Surgical Bulletin, August 15, 1894.

IODOFORM IN TUBERCULOUS PHTHISIS.

A. Foxwell in the Birmingham Medical Review, July, 1894, has had considerable experience of iodoform in the treatment of tuberculous phthisis during the last eight years, and on the whole he considers it the most satisfactory of all the antiseptic drugs which have been used in tuberculosis. He has examined his out-patient casebooks for 1886, 1887 and 1888, but of the many instances in which iodoform was used as the main treatment he could only collect 46 where the notes were kept with sufficient persistency to make them worthy of record. Of these, 12 were much improved, 15 improved, 11 remained the same, and 8 grew worse; that is, 59 per cent. improved and 17 per cent. grew worse. Of the 12 who much improved, 6 had reached the third stage, but only 2 of these had both lungs attacked, and only 1 among the earlier cases was so affected. Of the 15 who improved, 11 had reached the third stage, and 7 had both lungs involved. Of those who grew worse, 5 had both lungs attacked, and 3 of these had reached the third stage. Of the 11 who remained stationary, 7 had reached the third stage, and 5 had both lungs diseased. From these statistics it appears that the advanced cases did as well as the early ones. This the author thinks to be due mainly to the favorable nature of the advanced cases, these being mostly cases of localized cavitation, or those in which considerable fibrosis had occurred. The unfavorable advanced cases doubtless felt themselves too ill to stand the exhaustion of out-patient attendance. The usual prescription was one 1-grain pill, to be taken six times daily. The dose never exceeded that amount, and was occasionally less, the average being five grains daily. In three cases only were any symptoms of poisoning detected, and these were merely of a mild gastric nature. The author also tried the drug in conjunction with oil and tonics, and compared both classes of cases with those in which oil and tonics alone were used. The conclusion he arrived at after a three years' trial was that iodoform given by itself gave better results than any other drug or combination of drugs he had tried or seen tried. It soothed the nervous system of erethic subjects; it very greatly lessened cough and expectoration; it powerfully increased nutrition, the patients often becoming quite plump under its continued use; finally there was as

great, if not greater, improvement in the physical signs than the author had seen accomplished by any other mode of treatment, except that of climate and hygiene. Foxwell has since used iodoform for the cure of phthisis in some private patients, and in some hospital in-patients; and his later experience fully bears out his previous impressions. As regards mode of administration, the author believes it to be always safe to begin with 2 grs. t. d. s. If the patient has difficulty in steadily taking this small dose it is useless to persevere any further with the drug. "Having satisfied yourself," says the author, "by three or four days' treatment that the daily dose of 6 grains can be well borne, order it to be increased by 2 grains every other day till 30 grains are reached. Keep the patient to this daily dose for at least three months, and at a somewhat lower level (should all signs of activity have vanished) for three months longer." If the patient does not strongly object, he always advises its continuance for a year. Foxwell has usually limited himself to a maximum dose of 30 grains a day.

GERMAIN SEE ON FERRATIN.

The distinguished French savant, Professor Germain See, reported his views on the therapeutic value and place of ferratin to the Academy of Medicine of Paris, August 21, 1894.

Professor Germain See said that he had found occasion during his attendance at the Hotel Dieu to employ ferratin and to study its effects on various clinical cases, which he took pleasure in reporting.

Ferratin seemed to have a direct significance in the nutrition of the tissues, and even after prolonged use it produced no derangement of the stomach or intestines. It had a pronounced curative effect. It acted mildly astringent, without causing hurtful excitement or constipation—disturbances commonly following the use of ordinary ferruginous preparations; but as a remarkable fact, it caused a strong increase of appetite—always precarious and capricious in anemic patients—and also regulated the movements to a normal condition. Its administration was free from any unpleasant side or after effects.

Ferratin, 0.5 to 1.5 grammes per day in divided doses, was primarily a valuable food product; it excited appetite and thereby offered a powerful adjuvant in permitting the absorption of food, and it contained a fixed proportion of iron which was highly assimilable and thus replaced a vital insufficiency.

The administration of ferratin, said Professor Germain See, was indicated in

Those suffering from anemia from hard work, though the patient have the appearance of good health;

Those, of both sexes, affected with chlorosis;

Those weakened by too rapid growth and puberty;

Those fatigued by study;

And, in short, all in whom a diminution of red blood corpuscles had ensued, due no matter to what causes.

Professor Germain See concluded his report by promising that he would keep the academy informed as to his further studies of ferratin, which he was conducting simultaneously at the Hotel Dieu, in his medical clinic, and in his physiological laboratory. — American Therapist.

BENZOATE OF SODIUM.

The combination of borate of soda and benzoic acid is extremely beneficial in various forms of kidney and bladder difficulty. Perhaps the most advantageous results are obtained when there is an excess of insoluble urates or of uric acid; the urates are at once converted into soluble, harmless, easily eliminated hippurates.

In high specific gravity of the urine, excessive urea in lithemia, in lithemic albuminuria, and renal hyperemia resulting from these conditions, the mixture is exceedingly serviceable.

For Ulcers and Fissures—Compound tincture of benzoin is recommended by Dr. H. S. Purdon. Labial and lingual fissures, he declares, quickly heal under this application.

A suicide, in the service of Dr. Kerr, Washington, D. C., with a bullet wound of both walls of the right ventricle, followed by profuse external hemorrhage, lived for two hours.

Medicine.

Under the charge of E. W. Bing, M. D., Chester, Pa.

MYXEDEMA.

Myxedema is a recently discovered affection, the first published case being about twenty years since. It is so named on account of the mucous appearance of the liquid infiltrating the cellular tissue. Charcot, struck with the thickening of the hands and feet, which made the subjects resemble in those particulars the pachyderms, also the general decay accompanying the disease, named it the pachydermic cachexia. It is probable that myxedema would have remained comparatively unknown if the brilliant results of a special treatment had not called attention to it. It is not because it is excessively rare, for in France it is sufficiently common, so it is well to be familiar with its appearance. The following case describes the symptoms:

Child 3 years. Erectile tumor springing from the upper lip had invaded the cheek and the eyelid. This was treated with injections of alcohol, 30 per cent., increased gradually to absolute alcohol, beginning with 1 gramme and increasing to 3 grammes at one time. This tumor disappeared, leaving a slight scar, after fifteen injections.

These injections offer a safe, easy and inoffensive method of treatment of venous erectile tumors. To return to myxedema.

In the case under notice there was a suspicion of anasarca, the urine showed some albumen. From a study of photographs of cases of myxedema, attention was accidentally directed to this as a cause of the appearances in this case, which were as follows:

Extreme puffiness, especially in the lower eyelids, which nearly hid the eyes, lower lip pendant and turned out, enormous tongue constantly protruded from the mouth; skin dry and earthy, characteristic dull expression. In the other parts of the body the subcutaneous tissue was infiltrated and considerably hardened, and sensibly cold; 35 to 36 deg. C. (93 to 96 deg. F.). The child had no teeth, could not walk, and gave no signs of intelligence; hair abundant, but dry and discolored, and there was an altogether idiotic appearance. Palpation of the neck showed the absence or atrophy of the thyroid gland.

The lesions are sometimes congenital, or come on shortly after birth, or sometimes later, the causes being unknown. The symptoms resemble closely those seen after the extirpation of the thyroid gland in animals. It was this resemblance which caused Horsley in 1890 to propose the transplantation of the thoroid gland of sheep in myxedematous subjects to arrest the progress of the disease. Later Murray proposed injections of thyroid extract dissolved in glycerine and carbolated water, with which he had marvelous success. In 1892 Mackenzie showed that as good results could be obtained by giving the thyroids by the mouth, as food, and in 1893 Davis proposed the use of the powdered extract in the same way. The different methods are all equally effective. The effects must be carefully watched, as the remedy has a marked depressing action on the heart. It has determined alarming symptoms in several cases, and probably was in one case the cause of death. Small doses of the gland are to be given, especially where there is heart or arterial disease. From 50 mm to 1 gramme are sufficient—the whole gland weighs about 2 grammes (each lobe being about 1 gramme). The recognized dose is about 1 lobe every one or two days.

In the case under notice, increase over this amount brought on fever, agitation and diarrhea, which disappeared on restricting the amount to 1 lobe per day. In two months the transformation was complete; the puffiness of the face and body had entirely disappeared, the eye was open and bright, the skin soft and rosy, the tongue had retreated into the mouth, and the whole appearance from being disgusting was pleasant. Intelligence was awakened, the child noticed its surroundings and commenced to talk; the teeth had pushed through, and the hair was restored to its proper appearance. Temperature became normal and albumen was absent from the urine.

DANDOIS.
—Rev. Medicale.

VALUE OF COMBINING HEART TONICS.

Convallaria majalis is a simple cardiac tonic and a safe remedy, in action similar to digitalis, but not so marked; it causes slowing and increases the force of the heart-beats. But it will frequently be found, in lessening compensation, that convallaria, strophanthus and digitalis individually fail or disappoint after a time; and then a combination of all three often produces an effect little short of marvelous. Once or twice in recent years I have been called in consultation over cases of advanced mitral disease, in which central failure has shown itself by extensive dropsy of the limbs, edema of the lungs and liver, and a general water-logged condition of the system. On inquiry as to the exhibition of digitalis, the reply has been,' "He has had it," with perhaps a like response as to strophanthus and convallaria. But they had not been given collectively; and when this was done, benefit speedily accrued to the patient, and credit to his medical advisors.—Dr. Taylor, in "The Clinical Journal."

STROPHANTHUS IN DIPSOMANIA.

A Russian physician, Doctor Skvortzaw, while treating a patient in an attack of dipsomania, administered tincture of strophanthus in the dose of seven drops three times a day in order to relieve the action of the heart, which showed a degree of weakness and remittent pulse, and to his surprise found that with the first dose the patient was taken with nausea and disgust with alcohol, the usage of which he stopped at once. In two other cases he had subsequently to treat, he adapted the same medication with the same result; the attack of dipsomania was abated at once.

In all three patients the symptoms were the same; the drug first caused nausea, followed in a short time by free perspiration, phenomena not usually observed in non-alcoholic cases. In none of the three were there any mental symptoms following the sudden stoppage of the stimulants.

—Am. Jour. of Insanity.

SCIATICA.

J. Schreiber (St. Petersburg Med. Woch., August 25, 1894), in a paper read at the International Congress at Rome, says that during the past fifteen years a considerable number of patients have been treated by him for (so-called) sciatica. A certain proportion of these cases, he said, suffered from true sciatica (ischias), but in a considerable number the symptoms of disease were due to rheumatic processes affecting the muscles, tendons, fasciæ, and ligaments in the neighborhood of the hip-joint. He records three cases from the latter series. The first case was an Italian in whom ischias was diagnosed. After five weeks of ordinary mechanical treatment, no improvement had been observed. This led Schreiber to make a further physical examination, when he found a swelling in connection with the bone forming the margin of the great sciatic foramen of the affected side. The patient also said that some years previously he had suffered from syphilis. Syphilitic inflammation of the bone, which pressed upon the great sciatic nerve, was then diagnosed. Anti-syphilistic treatment was adopted, and the patient soon recovered. The second case was a patient, aged 36, who suffered from lancinating pain along the sciatic nerve, extending from the pelvis to the knee. Ischias was diagnosed, and the mechanical treatment carried out for six weeks. No improvement followed, and on further examination distinct signs of tabes dorsalis were discovered. The third patient was a man, aged 62, who had been treated for twelve years for sciatica without good result. On close examination he was found to be suffering from rheumatism, which involved the muscles on the inner side of the thigh and the structures around the right hip-joint. Mechano-gymnastic treatment was employed, and in four weeks complete recovery had taken place. Schreiber concludes that a large number of the cases of sciatica which are successfully treated are not neuralgias but rheumatic processes. Both classes of sufferers are cured by electrical and hydropathic treatment, but more certainly by mechano-therapeutic measures. If electro and hydro-therapeutics fail, mechano-therapeutic measures generally succeed. If in the severe cases of old standing and due to rheumatic conditions massage does no good, rational gymnastic treatment must be adopted.

Miscellany.

A GREEK SYMPOSIUM.

In the amphitheatre of the Medico-Chirurgical College, Monday afternoon, the 2d, was held a so-called Greek Symposium. The feast, instead of being a drinking party, was served up in the most philosophical manner. Dr. J. E. Garretson discoursed on Socrates and the relationship of philosophy to religion. Dr. Burchard presented a paper, which will be published in full, commencing with the next issue of this journal, on Science versus Religion. This paper was a masterful essay, setting forth the true status of the subject in a clear and intelligent manner. Following the reader were short speeches by Dr. Matthew Woods and Richard Westbrook, LL. D. A little foreign to the subject, but no less interesting was the introduction of Prof. Nordygossy, who proposes to revive the dead languages by instructing pupils in the art of conversation in the Latin language. He states it is as easy to learn to speak Latin as English, French or German, the only requisite being that we think in, and use the language so as to become familiar with it. In demonstration of this the Professor made a speech in Latin. It would seem as if symposia of this sort would be profitable to medical students. The exercises of the afternoon were most profitable and interesting.

TWENTY-FIFTH ANNUAL SESSION OF THE MEDICAL SOCIETY OF VIRGINIA, TO BE HELD IN RICHMOND, VA., BEGINNING OCTOBER 23, 1894.

First meeting, open to the public, called to order by the President, Dr. William P. McGuire, of Winchester, Va., at 8. P. M., Tuesday, October 23, 1894, in hall of Y. M. C. Association, Main and Sixth streets. Fellows, delegates and members by invitation must register their attendance at the registration desk in the hall of the meeting.

After prayer, address of welcome, report of Committee on Applicants for Fellowship, etc., the address to the public and profession will be delivered by Dr. R. S. Martin, Stuart, Va.

Report of Committee on Prize Essays: (a) Dr Hunter McGuire's prize of $100 for essay on "The Medical and Surgical Aspects of Appendicitis;" (b) Conjoint prize of Drs Joseph Price and Herbert M. Nash of $200 for "The History of Surgery and of Surgeons in Virginia." Essays offered for either prize must be typewritten or printed, signed only by a nom de plume, accompanied by a sealed envelope, with the corresponding nom de plume on the address side, containing the name and post-office address of the author All essays in competition must be in the hands of the recording secretary by October 13, 1894.

Business of a general character, reports of officers, etc., until adjournment.

All subsequent meetings of the session will be held in the hall of the Chamber of Commerce, Main and Ninth streets.

Wednesday, October 24, 10 A. M. Business of a general character until 11 o'clock, when Dr. William P. McGuire, of Winchester, Va., will deliver the annual address of the president.

Subject for general discussion—Appendicitis—Dr. William L. Robinson, of Danville, Va., leader. Dr. J. W. Long, of Richmond, Va., will follow with a paper on "The Indications for Celiotomy in Appendicitis." Dr. Edwin A. Down, of Hartford, Conn., member by invitation, will read a paper on "The Psychic Factor in Appendicitis." Members by invitation, Drs. A. M. Phelps and Robert T. Morris, of New York City, and Honorary Fellow Dr. Joseph Taber Johnson, of Washington, D. C., will discuss the subject. The discussion will then be opened to fellows, delegates and invited guests, in the order of their recognition on the floor by the chair—the right of closing being accorded, of course, to the leader, Dr. Robinson.

(By resolution, 1884, thirty minutes is the limit of reading a paper, and fifteen minutes for extempore remarks by the same speaker).

The afternoon meeting will be devoted to election of officers, etc., including nominations to the Governor of twelve fellows to compose the Medical Examining Board of Virginia (so far as the regular profession is concerned) for the four years to begin November 1, 1894, the selection of place and time for holding the twenty-sixth annual session, selection of leader and subject for general discussion during that session, etc.

After these elections, etc., the call for papers and discussions will begin and continue as the order of business. The following fellows have complied with the terms of their appointment by the president last fall:

Dr. John W. Dillard, Lynchburg. Subject, Curettage of the Uterus.

Dr. James D. Moncure, Williamsburg. Subject: Care of the Insane.

Dr. J. T. Boutelle, Hampton. Subject: Trephining for Epilepsy.

Dr. William F. Cooper, Woodville, Subject: Dysentery.

Dr. William A. Thom, Jr., Norfolk, Subject: Preventive Medicine.

Dr. George W. LeCato, Wachapreague.

Subject: Some Old Remedies in the Treatment of Diphtheria.

Honorary Fellow, Dr. Joseph Price, Philadelphia. Subject: The General Practitioners' Knowledge and Responsibility in Gynecological Troubles.

The following fellows promised papers under the appointment of the President, but have not informed the secretary of the titles:

Dr. A. S. Priddy, Keysville, Va.; Dr. Robert Glasgow, Lexington, Va.; Dr. Elliott T. Brady, Marion, Va.

In response to postals issued August 20 the following have promised papers:

Honorary Fellow, Dr. J. Edgar Chancellor, University Station, Charlottesville, Va. Subject: Preventive Treatment of Pulmonary Phthisis (Tuberculosis).

Dr. J. Allison Hodges, Richmond, Va. Subject: Sepsis—Its Early Diagnosis by the Pulse.

Dr. Wharton Sinkler, Philadelphia. (Invited.) Subject: Sporadic Cretinism and its Treatment by Thyroid Extract.

Dr. Alfred B. Tucker, New York. (Invited.) Subject Cesarian Section—Report of a Case.

Dr. J. T. Graham, Wytheville, Va. Subject: Glycerine Suppository as a Substitute for the Glycerine Tampon.

Dr. Samuel J. Fort, Ellicott City, Md. (Invited.) Subject: Psychical Epilepsy.

Dr. George W. Larrick, Middletown, Va. Subject: Report of a Case of Dislocation of the Hip Joint with Fracture of the Femur.

Railroads in Virginia have generally agreed to one and a third fare during the week of the society.

Hotel per capita daily rates have been secured as follows:

Murphy's Hotel, Broad and Eighth streets, European plan, room, 75 cents to $1; American plan, $2 per day.

The following are on the American plan:

Exchange Hotel, Franklin and Fourteenth streets, $2.50 to $3.

The Lexington, Main and Twelfth streets, $1.50 to $2.

Dodson Hotel, Twelfth and Bank streets, $1.50 to $2.

St. Claire, Grace and Ninth streets, $1.50.

THE PHILADELPHIA DENTAL COLLEGE.

The opening of the session of the Philadelphia Dental College was formally observed on Tuesday evening, October 2.

A law in Norway prohibits any person from spending more than five cents for liquor at one visit to a public house, and alcoholic stimulants are supplied only to sober persons.

Here and There.

What is our duty here? To tend
From good to better—thence to best;
Grateful to drink life's cup—then bend
Unmurmuring to our bed of rest;
To pluck the flowers that round us blow,
Scattering our fragrance as we go.

—Sir J. Bowring.

Dr. W. T. Jenkins, Health Officer of New York, furnishes to the New York World an interesting article on cholera. He says that the history of cholera in the port of New York shows that in every instance where the ship has brought cholera infection the development of the disease has been within not more than two days after leaving the infected port. On shipboard at least 75 per cent. of the cases of diarrhœal trouble or cholerine recover without giving serious inconvenience to the patient or without being discovered on medical inspection. Only 25 per cent. reach a state of collapse, and of these the recoveries are more than 75 per cent. under proper medical treatment. Cleanliness, prompt isolation and supervision of water and food supply will stop the spread of the disease. Dr. Jenkins believes that while there are many rumors of cholera abroad the lateness of the season promises immunity this year to the United States. The New York Board of Health each year educates from 25 to 50 men in the handling of contagious or infectious diseases, and will send a skilled bacteriologist entirely familiar with cholera to any city not remote from New York.

A 16-year-old Kentucky boy, who has been deaf and dumb since his birth, had his faculties suddenly restored on Friday while bathing in a pond.

An alligator with "luminous" eyes is the property of a Georgia man. It is quite tame, and crawls around the yard at night, when "fire seems to flash from its eyes."

A Virginia woman being afraid that she could not remember the respective ages of her large family kept a bottle for each child, and every birthday dropped a pea in to keep the reckoning.

Notes by the Wayside.

BY ERNEST B. SANGREE, A. M., M. D.

Is there no way to muzzle that perennial report with respect to a long growth of hair after death? It happened again a day or two since, as a telegram from a near-by Jersey town, not only asserting that the body's hair had grown to a great length since burial many years ago, but quoting a "scientist" (Heaven save the remark!) as believing that the hair was still growing. What gave rise to this curious belief?

A careful investigation made into the subject some years ago showed that where such growths appeared as if really having taken place, the substance growing was not hair, but vegetation of some kind or another, delicate roots, for instance, simulating the appearance of hair.

The merest tyro in histology knows that hairs, like all other organized bodies, grow by the multiplication of cells and the piling of one on another.

Death forever stops cell division, and it is therefore as utterly impossible for hair to grow after this occurrence as it is for an arm, leg or body to grow. If, however, you wish to split a hair over the matter, so to speak, it may be acknowledged that for a few hours after death of the body, certain of the individual cells still act.

It has been proved that some of the internal organs, such as the liver, spleen and kidneys, perform their functions for a longer or shorter time, seemingly not aware that the body to which they belong is dead, and nevermore will need their exertions. But soon these organs find that the life-giving stream of blood no longer courses through them, and they, too, succumb. Perhaps during this period a few cells may multiply at the base of a hair and extend its length by the ten-thousandth of an inch. That is all it can actually grow.

I might add that to smoothly-shaven surfaces on either face or head an appearance of slight growth after death is sometimes seen, but this is due to the fact that the skin has contracted in such a manner as to force out of the follicle a portion of the hair previously concealed there. There is something so gruesome and uncanny in the thought of this growth going on in a body after death, that I consider it the duty of physicians to post themselves intelligently on such points as these, in order that as time goes on they may deliver the community about them from belief in these old wives' tales, these middle-age relics, of which the one just noted is a fair sample.

A damage suit for $25,000 is pending in Baltimore, the only grounds being, so far as I can see, that the body did not look as well after the autopsy as it did before, and that it was sewed up with red thread. Fortunately the doctor who opened the body was also the Coroner, so that the case will probably fail. If the red thread charge is true, however, it is a pity. There is no need of such carelessness, and instances like these, obtaining wide publicity, tend to turn the people more strongly against autopsies, and in this way one man's thoughtlessness or negligence reacts on a thousand progressive physicians.

THE MEDICO-CHIRURGICAL COLLEGE.

The opening exercises of the Medico-Chirurgical College were held in the amphitheatre of the college on Wednesday evening, October 3. The introductory address was delivered by Dr. L. Webster Fox.

NOTICE TO OUR SUBSCRIBERS AND OTHERS.

The publishers of "The Times and Register" have made the following arrangement for club rates with the Medical World, of Philadelphia:

Price of Medical World (monthly) $1 a year.

Price of "Times and Register" (weekly) $1 a year.

Price of both World and "Times and Register," when ordered together, $1.75 a year.

We can also give club rates to the New York Twice-a-Week World (not medical) with the "Times and Register" at $1.75 a year, or we will give a year's subscription to the "Times and Register," the Medical World and New York Twice-a-Week World, together, for $2.50.

The Times and Register.

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Original.

AN INTRODUCTORY ADDRESS TO THE STUDENTS OF THE MEDICO-CHIRURGICAL COLLEGE *

BY L. WEBSTER FOX, M. D.

Professor of Ophthalmology in the Medico-Chirurgical College.

A Senator quite famed for his eloquence, asked a brother Senator, who sat beside him during an introductory debate in Congress, to stop and hear him speak. The friend replied: "If you are going to make a speech I would be very glad to listen to it, but if you are going to read one of your infernal compositions I do not propose to stay." By a dispensation of your faculty I have been obliged to trespass upon your indulgence this evening, and ask you not to leave the room before my composition is read.

This day marks an epoch in our lives. You have launched your canoe on a stream full of hidden rocks; many snags, much disappointment, and no few hardships will overtake you before you arrive at the great ocean of your professional life, which as yet hides from you those worlds you intend to conquer. You do not here leave behind you your student life—you have only shunted to another track; you now only concentrate your studies to a more definite purpose. You have elected to master the subtleties of a noble profession, and an inestimable service lures you toward its mastery. You have no doubt decided upon this avocation only after the most careful consideration and thought. Your friends trust you, and we trust you; see therefore to it that you neither disappoint yourselves nor us.

No profession demands more from her students than medicine. She is a jealous mistress. The midnight oil must be consumed; untiring and unceasing your efforts must be made before you can become proficient in your art. The late Sir Andrew Clark, in an address to a class of medical students, said, "Labor is the life of life. Nature will let no man overwork himself unless he play her false."

The majority of you come from the rural districts, all endowed with strong constitutions, clear heads, and good nerve-force. See to it that you do not play your natures false. You will be surrounded by the glitter and glamour of city temptations—fascinating and pleasant as the Luralei's glance. Some of you may become easy victims to the sorceress. Leave her and turn aside, and stick to your calling. Remember, as Dickens has said, "It is well for a man to respect his own vocation, whatever it is." You have more to do than simply to respect your calling. Remember, that in joining the ranks of the students of the Medico-Chirurgical College, you must respect them. You have

*Delivered October 3, 1894.

also a Faculty to consider, who is closer to you than a parent. But I feel confident, when I look upon the bright, intellectual countenances about me, that the above advice is perforce unnecessary. What a grand thing it is to meet students with a purpose! I see it stamped on all your countenances. I see more; and I hear you utter, "Oh, gentle Faculty, by and through your aid we will win." It is written in letters of burning flame upon all your pennants. You ask, Is it fair that all should be demanded from the student and nothing from your instructors? No; your Faculty have grave responsibilities in directing you in the way you are to acquire the science of the healing art. They have been awake to this fact for a long time. The changes in the policy of the school, the selection of the best teachers in the various departments, the addition of new chairs, the selection of laymen of recognized and superior ability in their respective walks of life, all tend to make this college one of the most scientific and practical in the country. Your college has adopted a course which is out of the beaten track, ambitions outside of the old-fashioned type of college teaching. Your Faculty do not wish to be known as men who simply know their books; they will show you that here you will obtain not only safe and sound scientific education in medicine, but also eminently a practical one as well.

"The foundation of our art is knowledge of the material to be worked upon —the human body. Anatomy to its uttermost details, anatomy naked-eyed and minute, normal and abnormal, healthy and diseased, is the foundation of all good surgery." So said J. Greig Smith, and so says our Nestor of anatomy, Professor Pancoast.

Your teachers of anatomy will lead you on gradually and pleasantly through the structure of the human body, which you must know all about. How can you expect to become proficient except you know thoroughly the genesis of your profession? The great Titian was a master at mixing paints before he could produce the matchless gems which are still the admiration of the artistic world. Michael Angelo had to know how to temper his chisel before he aspired to produce that wonderful statue of Moses; Morse, the conductility of metals before he could send messages with lightning speed to the uttermost parts of the earth. Houston, in connection with his former colleague Thomson, had to produce a dynamo before they could let loose the Promethean spark that now illuminates this and hundreds of other cities the world over. In all the mechanical arts men must understand the foundation of their calling if they wish to succeed. Is it less to ask you to labor unceasingly to understand the frame-work, the chemical laboratory, the animated organism, the wonderful handiwork of God—man?

In the acquirement of your profession you will not so much, as time rolls on, be carried to greater heights, but to broader fields of knowledge; and, at last, when you have filled the cells of your brain with theory, then the practical side of your teaching will be given you—a knowledge so essential to your success in life. Many of you will elect to become general practitioners. Of what value to you is the knowledge imparted by your professor of anatomy, unless you can appreciate and follow the teaching of an Anders, or the application and technique of surgery as taught by Laplace and Ashton? "What hearing is to the physician, so is touch to the surgeon. It is the intellect which teaches both. So, when the opportunity arises, educate both ear and hand."

In this case we confidently hope to find many young men born to be masters of their art. To such I would say: Though work comes easy, work all the harder; make the talent given you increase and multiply. Though you may have genius, yet patience and hard work are necessary to make even genius fruitful. To those who have not been so well endowed much may, nevertheless, be accomplished by perseverance. Your Faculty will lend all of you an ever-helping hand. The fable of the victory of the tortoise over the hare should be fresh in your memories. As the masses, your future patients, become more highly educated it behooves you to aspire to a higher grade of intellectuality. We must to-day have physicians who are not only skilled in their profession but who have a mind sufficiently broad to cope with the living questions of the day. In no time of the world's history are the intelligence and judgment of physicians so largely sought after

and so highly esteemed in the important questions as how best to cope with epidemic diseases in densely-populated communities. If I may make a criticism, I must say that the preliminary education of the young men who are choosing the medical profession for their life work has not been as thorough as it should be. In this State it is now necessary to pass two boards of examiners before you can practice medicine. Is this fair under existing laws? I say, emphatically, no! The State puts on the restrictions, but does she in like manner give us a preventive? While our Commonwealth is doing much to foster education, she is far behind in giving aid to young men who eventually must look after the health of her people. The actual prevention of outbreaks of virulent diseases or of blindness is far cheaper than trying to eradicate such evils after they have become epidemic. But in the meantime where must this aid come from? Clearly, we must look to the men who in the abundance of their wealth can afford to build laboratories and found institutions where young men can get this preliminary schooling.

The older countries of Europe are far ahead of us in these matters; their medical chairs are richly endowed by the State, and their occupants do nothing but investigate, analyze, and transmit. If the public wish protection they must perforce lend us a helping purse. I must quote what one of our leading teachers in medicine says on this subject*: "In this country, for the most part, we cannot look to the State for endowment for medical education, but we must appeal to private beneficence. A few public-spirited and generous men and women have already given practical proof of their appreciation of these facts. With more general and fuller realization of these needs and present condition of medical education, and the results that can be secured by its liberal endowment, there is every reason to believe that these benefactions will be largely and rapidly increased, and that thereby the condition of medical education in this country shall cease to be a reproach to us."

How can we escape from this reproach? You young men who have not had a college education can now take advantage of your environments. You have arrived at an age when your mind becomes retentive and capable of becoming burnished by attrition. In this large city instructive lectures are given on a variety of intellectual subjects. The Franklin Institute throws her doors open to you all. The Academy of Natural Science in like manner extends a helping hand. The Young Men's Christian Association and our churches, whose pulpits, filled by the ablest clergy in the land, will also welcome you. Select such plays at our theatres as will rest your mind by way of diversion. Study not only the words but the grace and movement of the actors. Remember, it is not fair to yourselves to try to brighten your minds and let your bodies remain awkward and ungainly. Plato said, "That one must form not only a mind, and not only a body, but both a mind and a body, to become a man."

In practical medicine, as in many of the mechanical arts, we need not fear reproach. We have shown the world what we can do; but how much better it would be if our scientific knowledge were equal to our mechanical skill! Then we should have students flocking to America for their medical education, just as we are having students from all over the world flocking to our twin sister the Philadelphia Dental College, which leads the world to-day in practical dentistry. Handicapped, as we are, we are nevertheless progressing. Your college is heading toward that plane of efficiency which places her in the front rank of medical institutions. Many additions have been made to the corps of instructors. Two new chairs have been added, a chair of Physics, and it is with great pride that I revert to the fact that the gentleman who fills that chair is eminent in his department, and honored not only in this country, but throughout the whole scientific world. Gentlemen, it is a rare privilege that you will have the opportunity of listening to such a teacher as Prof. Edwin J. Houston. Another chair which has been added, and which will be of superlative value to you, is that of Electro-Therapeutics. In Professor Kennelly you have an instructor who is one of the leading masters in this new department of science.

And so I could continue to speak of the other teachers recently added to the college. With such additional advantages, you will continue to keep the olive and

*Prof. William H. Welch, M. D., Baltimore, Md.

the gold* ever bright, ever shining. There are other opportunities given you for advancing yourselves. You have a variety of fraternal associations; you will be asked to join quiz classes and societies. Join them, and become active workers. Let the "pride of ambition and the inspiration of generous emulation" help you to individual achievement. Let each week have its review. Not only drive the nail, but clinch it. By this means you will become adepts by asking and answering questions. If you fall below your classmates their success will be a means of stimulating you to better work. Some of the most pleasing recollections in after-life will be your class-day associations. As you go on from one semester to another your line of instruction will be in keeping with your progress. Your last two years will find you in the field of practical medicine. I mean by this that you will be given the opportunity of becoming thoroughly acquainted with disease at the bedside. You will learn the technique of surgery, gynæcology and obstetrics, and in the special departments, such as ophthalmology, otology and dermatology you will have opportunities unsurpassed. Our large clinics in the various departments warrant me in making this statement.

You are on the edge of a future which will, at the touch of your hand, show mighty developments. Let another Pancoast, Gross, Pasteur, or a Koch be found among your class. "Do what you can in your life; make what you can of your life; but, above all, love the highest and deepest and best that you can." As you stand on the shore of the great ocean before you, do not think that you have no other motive than to acquire sufficient knowledge to enable you to pass your examination and thus get a diploma. Medicine is not a complete science; many changes have taken place in the medical world during the last decade; many more will be unfolded in the next ten years. Look what changes have been produced by the discoveries of Pasteur and Koch! In many diseases the whole line of theory and treatment has been changed. Contrast the surgery of to-day with that of a few days ago! How little is known about contagion! The vast field of preventive medicine is almost entirely unexplored. I feel sure that the day is not far distant when such a chair will become the most important in medical colleges. You who are inspired, remember that many crowns of laurels await you. You may not acquire wealth in gaining these honors, but you may do more—you may confer blessings upon your fellow-man. "Who can estimate the money value of the discoveries of Louis Pasteur to humanity?" asks one of our ablest writers. In the opinion of Professor Huxley, these discoveries "have made good the war indemnity of five thousand million francs paid by France to Germany."

Personal habits have much to do in making or unmaking a professional career. Abstain from all unpleasant habits. See that your bodily health is as well looked after as your mental. Young men when they join college classes are sometimes led away by the idea that to chew tobacco, use profane language, and approach the slovenly are passports to manliness. Do not make this mistake. If education refines the mind, let your habits refine your body. Remember that, of all men, the medical practitioner should be, above all things, a perfect gentleman.

*College colors.

ADDRESS BY EDWIN J. HOUSTON, PH.D

Professor of Physics in the Medico-Chirurgical College, Philadelphia.

To-day the Medico-Chirurgical College enters upon another year of its existence. If its record in the year to come but equals that which it has made in the years that have passed, the result will be notable. The signs of the times predict increasing activity and progress, and I feel that I can congratulate you who have entered its halls in that you are thus enabled to avail yourselves of the increased activities and usefulness which the college now offers.

To the superficial observer a medical college represents, if I may say so, the mere machinery whereby a certain number of men are trained in the healing art, but to those who look below the surface it is far more than this. It represents an ultimate growth, the result of a succession of efforts put forth by society during many centuries for the conservation of its most valued possessions, namely, its health and happiness; nay, even more than this, for the conservation of its vitality and of its continued existence as a nation. The Egyptians of old handed over to their

priesthood for preservation their household gods, who they believed had charge of their lives. In our present more civilized society the medical profession represents the priesthood, ministering to the welfare of the race, and society thus places in your watchful care the things necessary to its continued existence—viz., its vitality.

Two legions of foes stand ever ready to oppose the progress of the human race. These are the enemies of the body corporate and those of the physical body. The former society can deal with only through the education of the masses; the latter are entrusted to your zeal and watchfulness. Such guard has been well maintained in the past, for foes that once decimated the human race are now held in check. Witness the value to mankind of vaccination for smallpox, or the Pasteur treatment for rabies. Note the marked success of the surgeon and the dependence of such success on aseptic operations.

The best work of the individual is possible only when he possesses a maximum health, and this is true also of nations. Healthy individuals, provided they have powerful brains, may realize great results, though, perchance, a powerful mind in a weak body may achieve notable results, yet it does so despite such weakness, and not by reason of it. He who possesses a powerful mind in a powerful body becomes a veritable giant among his fellow-men, and this is true also of nations. You, therefore, who will stand at guard over the health and vitality not only of the individual but of the nation have thereby imposed on you responsibilities which you may not treat lightly. It behooves you carefully to consider some of the requirements of your priesthood. These I will endeavor to give you from the standpoint of the layman, for because I am a layman I am, I believe, better fitted for clearly distinguishing the proper relative importance of such requirements.

I would, therefore, formulate these requirements as follows: viz.,

(1). An extended knowledge of the principles of your profession—that is, a thorough mastery of your college work. These studies must be mastered; not by such a knowledge as will just enable you to pass the ordeal of an examination, but that which comes from actual experience—knowledge which you must acquire through the teachings of your profession in the laboratory, at the Clinic, or at the bedside.

(2). A memory well stored not only with the knowledge just referred to, but enriched by individual experience in the actual application of the principles of your profession.

(3). Trained powers of observation, ever on the alert to group apparently disconnected symptoms into orderly sequence and thus successfully to deduce the unseen from the seen.

(4). An extended knowledge of the best accepted practice. Several sources of such knowledge are available, viz.: a.—The teachings of the able faculty of our college. b.—The clinic. c.—The dissecting room. d.—Periodical medical literature. e.—Medical societies. f.—The bedside of the patient.

So far I have touched only on the mental requisites for a well-equipped physician. Requisites, however, by no means stop here. In the holy calling you have elected there are certain moral requirements, the foremost among which I would place sympathy. I care not how high the mere mentality of the physician, nor how well he may be equipped in the requirements I have mentioned, if he lacks sympathy for his patient he lacks the one great requirement, the failure to possess which will place his labor on the low scale of mere machine work or automatism. It is the highest glory of man to increase the health and happiness of his fellow-man. The development of the mental activities alone tend to make the physician regard his patients merely in the light of cases, merely as opportunities for physiological experiments. Such in my judgment would not be the highest exercise of the healing art The patient should be regarded as more than a mere opportunity for testing the therapeutic value of drugs; for studying the course of a disease; or, as presenting cases for brilliant surgical operations; for, in no sense can a human body be regarded as a mere machine in the sense the term is ordinarily employed. It has taken nature many millions of years to evolve man, a mechanism plus the capability of sympathy, and he who would intelligently treat this marvelous mechanism must, perforce, take into account its highest development.

It is true that the diagnostician may

form as accurate a judgment of a case submitted to his care by regarding him as a mere piece of machinery in the ordinary sense, but in so doing he does an injustice to his patient and to himself, causing needless pain, since such attitude of mind cannot be concealed.

The inorganic world in which we live is hostile to this. Man, whether civilized or savage, is required to make a constant struggle for existence. The only compensation he has for this struggle is that health which it is your province to guard and restore, and that human sympathy and friendliness which afford amenity for all natural infirmities. To no body of men more than to you are such facilities offered for easing the labors of others, for rendering easier their pathway of life. For you are called into the inner chamber of the family, where only the dearest friends are ordinarily permitted to enter. Can there be any doubt that you will in the practice of your profession necessarily be called upon to exercise sympathy for the suffering? The highest phase of healing is that which regards the patient as a fellow-man, therefore I would place sympathy as one of the highest moral requirements, a trait which in fact so marked the work of the Divine Healer of Nazareth. Summing up the requirements of a physician as I understand them I should say that he should be a cultured, intelligent, sympathetic Christian gentleman.

THE THERAPEUTIC ACTION OF TRIONAL.

BY OTTO BAKOFEN.

Inaugural dissertation presented to the University of Freiburg.

Continued from last number.

It remains to be mentioned that Boettiger repeatedly made the same observation as Schultze, namely, that restless patients sleep well and remain quiet not only the night after its exhibition but also during the next and the following night. Among all his cases Boettiger found only two per cent. in which it proved inactive, while in nine per cent. the effect was weak. In his opinion, and we agree with him, this is an admirable result. The outcome of his investigations of trional is formulated by Boettiger in the conclusion, that the remedy possesses exquisite hypnotic and sedative effects, while unpleasant sequelae are extremely rare if he observe the proper limits of dosage. The hypnotic action is usually manifested very rapidly, frequently after 15 minutes; hence it is advantageous to administer the remedy just before retiring.

In cases of simple agrypnia a single dose of 1.0 gm. is often sufficient, and never more than 2.0 gm. is required to obtain a full effect. In cases of slight psychical excitement, disturbances of the mind of primary or secondary character, and in delirium, even of marked degree, trional is likewise a very useful hypnotic. In conditions of marked excitement a very satisfactory effect can often be obtained only by divided doses, such as 1.0 gm. several times daily.

The remedy proved refractory only in cases where the insomnia was produced by bodily pains, as well as in conditions of alcoholic dementia, and cases of extreme psychical excitement and motor restlessness. Boettiger regards 3.0 gm. as the largest single dose. Habituation after prolonged use of the drug does not seem to occur.

C. Raimondi and A. Mariottini (La Reforma Medica, 1892, No. 187) communicate their observations in the Therapeutic Clinic of the Polyclinic at Siena.

Trional is a crystalline powder consisting of shining tablets, which is readily soluble in hot water, wine, alcohol and hot milk. It may also be administered in suspension in mucilaginous fluids. All the solutions have a somewhat bitter taste, and for this reason the remedy was given some time after the evening meal in sweetened gruels. The single doses amounted to from 1.0 to 3.0 gm.

The remedy was employed in 19 cases of ordinary insomnia, as well as in 8 cases of mental disease. In 10 cases of the first category doses of 1.0 to 1.5 grammes produced sleep of 6 to 8 hours' duration, and in the remaining 9 cases the administration of 2.0 to 2.5 grammes was followed by sleep lasting from 7 to 9 hours. In only 2 of these the sleep was variously interrupted; in the others it was almost continuous. The sleep was refreshing and unattended by disturbances of the pulse and respiration, and had no appreciable effect upon the metabolism. In a few cases secondary disturbances occurred, but of slight significance.

The hypnotic effect in patients suffering from mental disease was as satisfactory as in ordinary patients, except that after daily administration of the remedy for a long time secondary disturbances were observed somewhat more frequently. In contrast to the observations of others, they remarked that these after-effects were somewhat more numerous than with sulfonal. The cases reported by them, however, show that trional is several times more effective than sulfonal.

Brie (Neurolog. Centralblatt, 1892, No. 26) presents the following report regarding trional, from the Provincial Insane Asylum at Bonn. From the middle of

August to the middle of November, among 42 patients, about 600 grammes trional were employed, divided in 360 doses of 1.0 to 3.0 grammes each.

In the milder cases the initial doses amounted to 1.0 grammes, in the more severe to 2.0 grammes. The remedy was admimistered one-half hour before retiring, dissolved in hot water, to which cold water was then added. It was well tolerated.

Brie now communicates his observations in the different forms of disease. In 11 cases of melancholia and hypochrondriasis good results were always obtained from doses of 1.0 to 2.0 grammes trional. Sleep ensued promptly after one-half hour, and lasted from 7 to 9 hours, the patients waking refreshed on the following day without any after-effects.

In 4 cases of melancholia with agitation, Brie observed excellent results after 2.0 to 3.0 grammes, in one case even after 1.0 gramme. In 2 cases after the remedy had been administered on six occasions, it could be entirely dispensed with. In 10 cases of maniacal excitement, including paralytic mania, noteworthy results were secured by trional. In these conditions doses of 2.0 grammes, and more often, 3.0 grammes, were necessary. The patients slept at least for 6 hours.

Brie noted but few after-effects after these comparatively large doses. In a weakly patient vomiting occurred several times after the administration of 3.0 grammes. A young female patient, who had frequently taken 2.0 grammes without disturbance, complained on one occasion of nausea. Vertigo, ataxia, etc., which are frequently observed with sulfonal, never occurred.

Trional always produced satisfactory sleep in 8 cases of hallucinatory dementia and paranoia. In the last group of cases, comprising secondary mental disturbance, dementia, senilis, chronic organic diseases of the brain and paresis, the remedy was administered chiefly to patients who had been restless and noisy for several nights. In most of the cases after 2.0 grammes, rest was secured during the next and following night, while the others slept the greater part of the night.

In the case of a healthy person who was unable to sleep on account of the severe pains produced by a panaratium Brie employed 2.0 gm. trional with success. In a few surgical cases it failed to relieve the pains resulting from operations.

Aside from the few after-effects above mentioned no others were noted, and addiction to the drug never occurred. Brie regards 3.0 gm. as a maximum dose. With regard to the efficacy of trional and sulfonal he found that the latter acted less promptly, while its effect was more protracted and often cumulative. He further found that trional acted as efficiently as chloral, paraldehyde and sulfonal.

Brie concludes his observations, which were extremely favorable, as follows: "Trional is to be regarded and recommended as a hypnotic of high rank. I am inclined to think that it will take the place of sulfonal in cases where a protracted effect is not desired. It will frequently be preferred to all other hypnotics, because it is nearly tasteless, is readily taken and exhibits after-effects very rarely, and then in a slight degree. It is indicated in simple agrypnia, as well as in the insomnia attended with restlessness and even marked excitement of persons suffering from psychical maladies."

Beyer (Archiv. f. Psychyatric, Bd. xxv, Heft 2) reports his experiments with trional from the Psychiatric Clinic of Strassburg. It was administered in doses of 0.5 to 4.0 gm., usually in a single dose before retiring, rarely in fractional doses.

The full effect of the remedy was usually obtained in the course of half an hour. If given in sufficient dose it almost always produced a feeling of languor, which was rapidly succeeded by a quiet, dreamless, refreshing sleep. The duration of the sleep appeared to some extent dependent upon the size of the dose. Bodily pains, noises and even light sometimes interfered with the effect. Sequelæ or unpleasant and injurious symptoms never occurred under use of proper doses. The latter did not appear after prolonged employment of the remedy, but only after excessive doses. No habituation to the remedy occurred. Among the after-effects Brie observed, in one instance, sleepiness and fatigue on the following morning, while ordinarily after awaking the patients felt refreshed. On several occasions excessive sleepiness with swaying and staggering similar to cerebral ataxia was noted. In two cases in which trional was given for several days in fractional doses Beyer observed real symptoms of poisoning, marked malaise, cyanosis, vomiting and gastric disturbances. Inasmuch as he observed two milder cases of this kind after the same method of dosage, he believes that disagreeable sequelæ are more readily produced by divided doses than by a single large dose. Furthermore, he calls attention to the fact that there is a difference as regards sex in the dosage, male patients on an average requiring from 0.5 to 1.0 gm. more than females.

The constitution and bodily weight should also be considered in the dosage. Thus, for example, in a girl weighing 20 kilogr., who suffered from kiphoscoliosis, "the well-known temulence," was observed after the small dose of 0.5 gm. The dose should also be regulated in accordance with the nature of the insomnia or psychosis. At times of violent excitement a patient may require 2.0 to 3.0 gm. to obtain a full effect, and this dose may be well tolerated, while during a period of quiescence the administration of equal quantities may provoke marked disturbances.

Beyer strongly urges that the dosage should be carefully regulated with reference to the sex, constitution, weight, age, nature of the disease and temporary symptoms.

In simple insomnia and neurasthenia, as well as in melancholia simplex, he derived admirable results from 1.0 to 1.5 gm. (1.0 gm. in females. In mania equally good effects were obtained from 3.0 and 2.0 gm. respectively. He also states that Trional has a remarkably favorable influence over hallucinations, in acute as well as chronic paranoia, even in old cases. In delirium tremens the effect was well marked if the dose was accurately estimated.

On the ground of all these observations Beyer considers himself justified in recommending trional as an an excellent hypnotic; the more so since injurious after-effects can readily be avoided by correct dosage and individualization.

From the Psychiatric Clinic of Prof. Jolly in the Royal Charite, in Berlin, Hammerschlag (Dissertation, Berlin, 1893), reports a series of experiments with trional. During the period from December to March 614 gm. were administered in 395 single doses to 60 patients. The doses varied from 1.0 to 3.0 gm. The remedy was given about half an hour before retiring, dissolved in warm water or warm milk. Hammerschlag also noted that in general it was well tolerated by the patients. Sleep ensued quite promptly, and was deep and dreamless, the patients awakening as from a normal sleep.

From the tables which this author has arranged according to the different diseases it appeared that the full effect—that is, sleep from 6 to 9 hours' duration, always took place in the cases of melacholia, mania, hypocondriasis and hysterical dementia. In paranoia 91 per cent. of all the doses were completely effective; in epileptic dementia, 85 per cent., and in dementia paralytica 83 per cent. proved effective.

The observations made by him in conditions of alcholic excitement are worthy of note. While Barth and Rumpel, as well as Boettiger, obtained no successful results from trional in these cases, Hammerschlag, conformably with the observations of Beyer, noted a favorable action in 66 per cent. of the cases. He also agrees with Boettiger with regard to the good effect of trional in morphio-cocaine psychoses, and in 88 per cent. of the cases observed a satisfactory result.

The table further shows that better results are derived from trional on an average than from chloral, sulfonal and morphine. The sleep following trional usually lasted for a longer time and was more restful than that produced by other remedies. Even in healthy persons who suffered from nervous sleeplessness trional, 1.0 gm., secured good sleep.

Finally, it must be mentioned that Hammerschlag also failed to note disagreeable after-effects, with the exception of a few trivial disturbances confined to the digestive tract. During prolonged administration nothing occurred to demand an interruption.

To be continued.

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LIFE INSURANCE FOR WOMEN.

It is only recently that any of the life insurance companies have been willing to take risks upon the lives of women with no more restrictions than are required from men. They were formerly called "moral risks," it being believed that many men would have their wives' lives insured for the sole purpose of killing them and collecting the insurance money. Such cases are said to have been not at all uncommon some years ago and even now they occasionally occur. The prejudice against female risks is, however, fast wearing away, the companies have become more liberal in issuing them, and some of them are actually soliciting women to insure their lives. A well-known insurance man said: "The problem of insuring lives of women has been a very serious and perplexing one, and my opinion based on my own experience, is that we would be bet-

ter off to-day if we had never taken any female risks."

One of the chief obstacles to insuring women at the present time is their unwillingness to submit to the regular medical examination which is required of men. They cannot be depended upon to give truthful answers to the questions of the medical officers, and this is said to be the main reason at present why more women are not insured. Besides this, the fear that a brutal husband will murder his wife for the insurance, or worry her to death is still more or less believed in. A Philadelphia company was the first to take women at the same rates as men and to engage female examiners.

Women are rarely insured for more than $10,000, but there are some female risks even for larger sums than this that are looked upon as desirable. These are upon the lives of women who have large life interests in estates which terminate at their death. There is no reason why a woman of this kind should not provide for her husband and family, and many are doing so. One woman of this class was recently insured by a first-class company for $100,000 in favor of her children.

THE THIRD BLOOD-CORPUSCLE IN TUBERCULOSIS.

The third blood-corpuscle, as defined in Landois and Sterling's physiology, is now considered by some to be a pathological product.

At the meeting of the Pan-American Medical Congress last year Dr. Watkins, of New York, stated that it was his belief that the third blood-corpuscle should be considered a food of the tubercle bacillus. Recently he has come out in the New York Medical Record with the assertion, based on investigations, that the third blood-corpuscle is the earliest manifestation of tuberculosis, and that without its presence it is impossible for tubercle bacilli to develop even if taken into the system.

If these views are correct much new light is shed on the pathology of tuberculosis, which clears up considerable etiological darkness. It has never been sufficiently demonstrated why the tubercle bacillus, which must be received into the systems of many persons who do not subsequently develop tuberculosis, should not treat all persons alike. If it is requisite to possess a third blood-corpuscle, in order to enjoy tuberculosis, let us by all means study the best possible methods of eliminating such an agent from human blood. We cannot see as yet that there is much advantage to be gained by this theory. Are we to understand that this third blood-corpuscle is the ovum and the bacillus the germinating agent of tuberculosis? And are these agents harmless so long as they remain apart?

If this blood corpuscle then be pathological its absence from the blood would imply immunity from at least tuberculosis, and the question would naturally arise as to whether it is the forerunner of other diseases?

It is not well to draw hasty conclusions from such meager reports as are at present at hand. While theoretically there is much to be solved by the presence of a new pathological factor, practically we are in as much darkness as ever regarding the therapeutic benefit of the new discovery, if such it be. The discovery of the tubercle bacillus was received with deserved enthusiasm, but it has not as yet demonstrated that we can cure tuberculosus with any greater precision than was manifested in the days before tubercle bacilli were recognized as pathological factors.

MANAGEMENT OF THE INTESTINE AFTER ABDOMINAL SECTION.

In a very practical article in the New York Journal of Gynecology, Skene Keith and George E. Keith lay down the following general rules:

(a). When the general condition of the patient is fairly good and the abdomen is not distending, and when there is not much colic, let things take their natural course. This advice holds for the great majority of cases.

(b). When the abdomen is distending without a previous state of peristaltic action shown by much colic, and when there is a tendency to vomiting, give a mixture of magnesia until the bowels move.

(c). Treat distention without colic or vomiting by quinine injections.

(d). Quiet excessive peristaltic action by small doses of morphine given hypodermically.

(e). For distention following excessive peristalsis give a small dose of morphine followed in a few hours by castor oil or magnesia.

(f). When there is septicemia, wash out the abdomen as soon as the condition is evident and treat as above.

(g). Do not get into the habit of calling septicemia shock, exhaustion or any such term. Be content to believe that some mistake has been made in the antiseptic precautions and that additional care must be taken in future.

Therapeutics.

Under the charge of Louis Lewis, M. R. C. S., Philadelphia.

THE AMERICAN DISEASE.

It is a remarkable fact that many of the most valuable discoveries in materia medica have been made by laymen, and not until after a lapse of years adopted by the scientific world. The marvelous stories told by travelers of the uses to which the leaf of the Erythroxylon Coca was put by the South American Indians were received cum grano salis by the general reader and met with ridicule from the medical world, and not until recently was attention really fastened upon the "miraculous leaf," as it was called by early writers.

The fact that the Indian traveled for days carrying heavy burdens without food, being sustained by the leaf only, demonstrated its powers in sustaining vital energy and restraining tissue metamorphosis. This suggested its use in Phthisis and all forms of anemia, in debility following fevers and after surgical operations. Coca has now taken its place as a reliable remedy in many conditions, such as sleeplessness, despondency and as a general heart tonic and invigorator. Its property of strengthening the voice, due to its being a tensor of the vocal cord, makes it very useful for the singer and public speaker, and it is a reliable aphrodisac without being irritating.

Ordinary Coca wines have some value in promoting digestion, due to their stimulating properties, but many of the wines on the market are improperly prepared or have too high a percentage of alcohol, which impairs the true therapeutic properties of the Coca. Among the later preparations one known as "Maltine with Coca wine" has attracted our attention. The well-established reputation of maltine as a food and digestive agent and as a vehicle was a guarantee that the combination of maltine with a carefully made Coca wine prepared from fresh leaves and containing a small percentage of alcohol would prove a valuable acquisition to our list of elegant pharmaceuticals. When it is known that each ounce of maltine with Coca wine contains enough diastase to digest thirty ounces of starch at the bodily temperature, and all the active principles of 30 grains of assayed Huanaco Coca leaves, its value will be readily admitted.

"The American Disease," an irritable heart combined with indigestion and nervousness, so common among our business men and almost universal among women of the upper classes, presents a problem of ever-varying embarrassment to the clinician. Alcoholics may mitigate the symptoms of this condition temporarily, but lead to disastrous results. To try to give relief with opiates is little less than homicidal. Maltine with Coca wine is an ideal combination in these cases, not only on account of the Coca but from the food and diastasic values of the maltine, and is not followed by habit symptoms, for when the condition is relieved the remedy is no longer needed and its withdrawal is not followd by depression. In this particular Coca differs from all other stimulants and narcotics.

A well-known writer happily characterizes the dual action of maltine with Coca Wine in the following graphic manner: "The Coca boosts the patient and the maltine furnishes the peg that prevents him from slipping back." Other tonics afford only temporary stimulation with nothing to prevent the subsequent reaction.

—The National Medical Review, Oct. '94.

Destroying Poison Vines.—Any plant, poisonous or otherwise, can be easily destroyed by being cut off just beneath the ground after the young leaves have pushed and before they are thoroughly mature.—Meehans' Monthly.

In a new process for coloring leather by electrical action the hide is stretched upon a metallic table and covered, except at the edges, with the coloring liquid. A difference of potential is established between the liquid and the metallic table. The effect of the electric current is to cause the pores of the skin to open, whereby the coloring is enabled to penetrate deeply into its tissue.—Popular Science Monthly.

"Doctor, I am troubled with shooting pains in my face." "Yes, madame. You use too much powder."—Chicago Tribune.

The physician in charge of the Woman's Hospital in Soo Chow, China, is an American woman.

Medicine.

Under the charge of E. W. Bing, M. D., Chester, Pa.

INTRA VENOUS INJECTIONS OF CORROSIVE SUBLIMATE.

The success of intra venous injections of quinine in grave forms of malaria induced Bacelli to try the same plan in cases of syphilis, using corrosive sublimate.

Two cases of cerebral syphilis, which had resisted ordinary specific treatment, were treated in this way with excellent results. The method is as follows:

The skin is first rendered aseptic, and a ligature is placed around the arm, and one of the veins at the bend of the elbow is selected, in which the following injection is made:

		grains
R.	Bichloride Mercury	1
	Chlor Sodium	3
	Dist. Water 1000	

The hypodermic syringe is filled with the solution, the needle carefully inserted, and the injection made slowly. The patient in a few seconds notices a salty, then metallic taste in the mouth, and in five or six minutes an increased flow of saliva.

The commencing dose is a cubic centimetre of the 1-1000 solution each day (1 milligramme).

This may be increased to 2, 4, and even 8 millegramme, which is the maximum dose. The advantages claimed are:

1. Small quantity of drug.
2. Rapid action on the symptoms, which show the syphilitic condition of the blood.
3. Quick and direct action on the walls of the vessels, one of the chosen seats of specific lesions.

—Annales de Med.

SERUM TREATMENT IN DIPHTHERIA.

Roux's connection to the Buda Pesth congress is the event of the day in a medical sense.

The antitoxic serum is obtained by immunizing animals by injections of the diphtheria toxine, combined with iodine. The horse has proved to be the best medium, being easy to immunize and furnishing large quantities from antidiphtheritic serum.

The serum keeps well, and for transportation may be evaporated in vacuo, and when wanted for use may be dissolved in water.

The first experiments were made on animals, and were successful; and on the 4th of February, 1894, it was first used in the treatment of children suffering from diphtheria. From this date to the 1st of July, 1894, 448 children were treated with the serum. One hundred and nine of these died, an average of 24.5 per cent., as against an average of 51.7 in former years. All conditions equal, the difference proves the advantage of the treatment.

The activity of the serum ranged between 50,000 and 100,000—that is, a guinea pig, which, receiving 1-50,000 of its weight, supported 12 hours afterwards a dose of toxine capable of killing in less than 30 hours. Those who only received 1-100,000 of their weight survived from six to 15 days. A cubic centimetre of toxine mixed with from 1-30 to 1-10 of c. centimetre of serum was rendered harmless, and injected into the tissue it did not produce edema.

On entering the hospital all children receive systematically an injection of 20 cc. of serum under the skin of the flanks. If bacterological examination did not show diphtheria to be present the injection was not renewed. 128 patients suffering with various forms of sore throat were treated in this way without any inconvenience, but with amelioration symptoms and without contracting diphtheria, although exposed to its influence. When the injection is made properly there is no pain, and in a few moments it is absorbed. In most cases there is no local reaction if antiseptic precautions are used. In the diphtheria cases a second injection was made 24 hours later, and this was usually sufficient to bring about the cure. About 1-1000 of the weight of the child was the quantity of serum employed.

Consecutive accidents were rare, sometimes a intrenical eruption showed itself and occasionally paralysis of various parts lasting for a short time.

—Annales de Med.

DANGERS OF ATHLETIC EXERCISES WHILE CONVALESCING FROM INFECTIOUS DISEASES.

(Petite.)

Physical exercise may have a very bad effect during convalescence from infectious disease, by favoring the development of cardiac affections. Those affections which involve more or less the heart, during their course, leave in that organ alterations which may be recovered from, but which often leave serious lesions, such as fatty degeneration, during the time necessary to the "rextitutio ad integrum." Plenty of rest is required instead of—as is often prescribed for the sake of improving the appetite and strength—physical exercises.

Frequently a few weeks will establish an organic cardiac affection under these conditions.

The circulatory apparatus should be carefully watched after an attack of fever of any kind, and indulgence in athletics restricted.

—Le Courier Med.

SOME REMEDIES FOR MIGRAINE.

If Anemia—Iron quinine baths.
If Rheumatism—Alkalis.
If Herpchi—Arsenic.

Paullima (Guarana).

	grams.
R Citrate caffeine	1
Phenacetine	2
Sugar	1

10 tablets—1 every 2 hours.

Or Salicylate Soda.
Or Antipyrine.
Or Common Salt.
Or Laudanum of Sydenham.
Or Hydrotromate of Quinine.
Or Aromatic.

Combined with external applications of any and all kinds.

Combinations of the three bromides of potassia, ammonia and soda are frequently useful.

—Vaucaire Annales de Med.

THROMBOSIS AND EMBOLISM.

When a blood vessel is obliterated by a blood clot, we have the condition known as thrombosis, and the clot itself is the thrombosis. It may occur in any vein in the body, or in the arteries, especially those of the brain, resulting here in cerebral softening. The thrombosis of autochthonous. Embolus, on the contrary, occurs when a foreign body, portion of a valve, anhydrated air bubble, germs, or portion of a clot, is carried by the blood current and deposited in some one of the smaller vessels of the body, blocking it from the rest of the circulation, causing gangrene, in———, etc., Septic emboli are a means of diffusion of infectious diseases, as in the dissemination of cancer which, although generally spreading by the lymphatics may and does become generalized by means of the blood current.

—Annales de Med.

THE "SLEEPING SICKNESS OF WEST AFRICA."

This curious disease occurs oftener in males between 12 and 20 years of age, although all ages and both sexes may be affected with it. Enlargement of the cervical glands is seen at the onset; drowsiness and actual sleep at unusual hours are followed by profound and lethargic slumber lasting weeks or months. At first, active purgation arouses the patient, but later he succumbs to the lethal slumber and refuses all food; emaciation with increasing atrophy, exhaustion and starvation causes death at the end of from three to twelve months. When moribund, the coma ceases for a short time and the mental faculties are clear immediately before death. The most frequent and virulent cases occur in the valley of the Congo; others from the Congo to Senegal, in the Sierra Leone district, and in the Hinterland. Slaves taken from the Congo or Sierra Leone districts suffer from the disease when in the West Indies, etc. The prognosis is bad. Guerin reports 148 cases, all fatal. Gore says that 80 per cent. are fatal. Forbes reports eleven fatal cases, also two which passed out of observation. At autopsy hyperemia of the arachnoid and slight chronic pachy and lepto-meningitis are found; the cerebral substance is pale, indicating anemia of cortical centres. In one case splenic enlargement occurred; in two cases filaria sanguinis hominis were found, probably coincidences. The cause is unknown.

Theories are: (1) septic condition of the blood, as suggested by the arrest of development of active glandular elements; (2) presence of filaria, as advocated by Manson; (3) a neurosis affecting the neurotrophic system, Forbes' suggestion. Treatment has proved useless.

—Boston Medical and Surgical Journal.

Electro-Therapeutics.

Under the Charge of S. H. Monell, M. D., 44 West 46th St., New York.

AN ELECTRICAL EXHIBIT.

The American Electro-Therapeutic Association held its fourth annual meeting in New York City, September 25, 26 and 27. An exceedingly comprehensive programme had been prepared, and other interesting papers were offered still later. An abstract report of the meeting will begin in our electro-therapeutic department of this issue, and be continued till complete. An important feature of the occasion was the elaborate exhibit of improved apparatus made in a special room adjoining the meeting.

Nearly every new device was displayed by the various makers. Among the great variety may be noted new milliamperemeters, exhibited by both the Mackintosh and Kidder companies; the "smallest battery in the world," by the Nassau Electrical Company; a magnificent new static machine, with mahogany case and mirror back, by the Galvano Faradic Manufacturing Company. Messrs Waite and Bartlett exhibited a new universal static electrode and stand electrode holder.

New electrodes of various kinds and material were shown by many makers. Messrs. Queen & Co. made an interesting display. The Edison Mfg. Co. had a very large exhibit, including the "Kennelly Combination Galvanic and Faradic Adaptor," for use on 110 or 120 volt continuous current circuits. The immense rheostat which controls and graduates the current within the finest limits is one of the most remarkable triumphs of workmanship ever put into a medical apparatus,and could not have been applied to such a purpose had not the makers already possessed the elaborate machinery required to construct the phonograph and other miracles of inventive genius. The Kennelly Therapeutic Alternator was also shown by this company. This is the only apparatus in the market in this country which produces sinusoidal alternating currents for therapeutic use.

The Jerome KidderManufacturing Company included in their extensive exhibit a set of bulb electrodes, made by a deposit of pure copper upon a vulcanite hollow form suggested by Dr. Phelps. Also the bipolar electrode holder and the Monell faradic battery. This battery contains various new improvements.

Dr. Kellogg, in a private exhibit, had on view his own sensusoidal magneto-electric apparatus as well as a French apparatus for producing rapidly-alternating currents in connection with a static machine. This static transformer was purchased at the Chicago Fair.

The advances to be made in electro-therapeutics require the practical co-operation of both physicians and manufacturers, and that the latter are keenly interested in promoting progress was clearly proved by the liberal enterprise shown at this meeting.

THE NATIONAL SOCIETY OF ELECTRO-THERAPEUTICS.

Report of second annual meeting continued.

A very practical paper upon the proper selection of electrical apparatus was presented by a well-known authority. This was followed by one of the most interesting papers read at the meeting "Cicatrix of the Cervix Uteri. Treated by the Negative Pole of the Galvanic Battery," by Alice B. Condict, M. D.

She referred to a number of years' experience with her method of curing stenosis and lacerations, both in India and in this country, and cited cases in which she obtained a perfectly normal cervix. In discussing the subject Dr. Gunning substantiated Dr. Condict's remarks, and stated that the method could be relied upon with confidence.

The next paper on "Diphtheritic Paralysis Treated by Electricity," was read by Dr. W. L. Jackson, of Boston. He described in detail the case of a girl aged 15, whose condition was one of very general functional paralysis. She was treated with static electricity. Negative insulation with positive spark and breeze was administered for twenty minutes, three times a week. In two weeks she could walk, and then spinal

applications of galvanism were added to the previous treatment.

In the course of two months she became able to dance; could talk without nasal sounds and felt in fair, general health, but as yet had not recovered normal knee jerk, which had been entirely lost. In six months, however, she entirely recovered. Her menses had formerly been too profuse and painful. This was regulated by her treatment. She was in the habit of stating that she always felt buoyant after treatment, and as if she could endure a great deal of exercise without fatigue. She was cautioned, however, not to indulge this feeling. The writer's conclusions were that, although cases recovered without electricity, yet this agent was a reliable and useful means of hastening recovery.

"Brief Researches on the Action of Galvanic Foradic and Franklinic Currents on Nervous Tissue," was the title of an able and very scientic paper by W. Y. Cowl, M. D., of Berlin, Germany, read at the meeting by Dr. O'Connor, of New York. A careful account of various experiments, toegther with a description of the apparatus employed, and the precautions taken to eliminate error, was written in interesting form.

"Electrical Massage in the Treatment of Diseases of the Ear," enabled Thomas L. Shearer, M. B., C. M., of Baltimore, to narrate his experience with various forms of mechanical vibration, and especially with the instrument called the violin vibraphone. He cautioned against its use in acute inflammatory conditions, pointed out its inefficiency in cases of hardened cerumen and showed that in a certain class of chronic cases it sometimes did good and sometimes did not, Dr. Norton also stated that he was unable, after two years' experience, to as yet determine the exact value of these methods of treatment. Vibration was useful in perhaps one half of the cases to which it was apparently suited. In hypertrophic catarrhal conditions of the eustachian tube he had found benefit from masage treatment.

In discussing "The Galvanic Current of High Amperage in the Diseases of the Liver," Dr. L. J. Kohnstamm attracted special attention to the method he described and the results claimed for it. He also asserted that he was in the habit of measuring the dose of the interrupted galvanic current with the ordinary milliampere meter. He employed a current strength of from 15 or 20 to 40 ma., and restricted its action to a galvano-chemical action exclusively, as electrolysis was particularly to be avoided. An inquiry was made as to how the speaker got his meter to record the C. S. of the interrupted current, and elicited the reply that the interruptions (660 per minute) employed were so rapid that the needle was not affected. After the presentation of several other papers, the election of officers for the ensuing year, and voting to hold the next meeting in Boston, the session came to an end.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The fourth annual meeting of this society was formally opened at 10 o'clock A. M., September 25, at the Academy of Medicine, New York city, with 16 Fellows in attendance. After the disposal of routine business and the election of new members the following amendment to the constitution was made by unanimous vote: "Every candidate for admission to the association shall be required to present a paper to the Executive Council at least one month before the annual meeting." This is designed to raise the standard of membership. The society was then addressed by the president upon "The Function of the American Electro-Therapeutic Association." He referred to the remarkable awakening of interest in electro-therapeutics during the past few years, and regarded the organization and development of this society not as the cause, but as the necessary and natural result of this awakening. The association was now firmly established upon a sound basis. He deemed its functions were as follows: First, To secure improvement in electrical nomenclature and terminology, for electrical science should have a cosmopolitan language understood by all. Second, It should afford opportunity for workers in technology to meet and compare results. Third, The establishment of a uniform standard of electrical measurement.

Fourth, The introduction of instruction in electro-therapeutics into the regular curriculum of all medical colleges.

In reporting the work of the association all unsound views and doubtful statements should especially be excluded

from publication in the transactions. (If this could be done with all the electro-medical literature now extant it would clarify the subject immensely). Many, he said, attend the annual meetings of the association, to learn what is new, and to improve their armamentarium. Hence it was deemed advisable not only to make permanent the various committees upon standard forms of apparatus, but to enlarge their scope, and extend their usefulness. They would, hereafter, be required to test the workings of all new apparatus, collate information, and furnish an epitome of the year's progress in every branch of electro-therapeutics. "Standards" were to be limited to principles and not applied to machines.

In these remarks of the president a creditable broadening of ideas was apparent.

Reports of various committees was next in order.

In rising to make his report upon "standard coils," the chairman of the committee expressed his regret that the enlarged functions of the committees had not been sooner understood.

The reports prepared for this meeting upon the old basis would have been much more satisfactory had the new idea been earlier developed, and future reports would represent greater progress in the desired direction. He then stated that the induction coil was one of the most mysterious playthings of the electrical engineer, and owing to the diversity of methods and conditions of manufacture no unanimity as to a standard coil was possible. Each authority would adhere to his own views, and as yet no common ground of agreement had been reached. Among the four members of his committee there were four irreconcilable opinions. He would, therefore, not be able to present a committee report, but would simply give his own view of the matter.

He considered that the physician wanted a coil to do two things, i. e., excite muscular contractions, and effect nerve sedation. The simplest coil that would erred in the direction of over-refinement. He would advise that a Faradic apparado these was the best. Complicated coils tus have but one secondary coil, of 500 metres of No. 32 wire.

The second member of the committee objected to the chairman's view, regarded his advice as to a step backward to primitive methods, and argued that the chairman's conclusions were based upon the limited experience of the Neurologist, while he spoke from the standpoint of the Gynecologist, to whom a choice and variety of coils was an absolute necessity. In his opinion a one-coil apparatus could only be suitable for one man (i. e., a specialist in one line of work). Combination coils were needed to supply all the requirements of the general practitioner, and in this view the experience of the past year had more than ever confirmed him.

Dr. Massey favored compound coils.

Dr. Dunn referred to the desirability of having standard lengths of wire in coils.

Mr. Brown stated that it was the number of turns or windings of the wire, and not merely length that determined the effect.

Dr. Smith believed that two coils at least were required. Patients could readily tell the difference in sensation and effect with their eyes blindfolded.

Mr. Kennelly agreed with the chairman, and believed that doctors should confine their researches to finding out what current they want, and he would vouch for the ability of dealers to furnish any and every form of current the medical profession desired.

The chairman of the committee closed the discussion by stating that he held to his original opinion. Nothing new had been brought out by the other speakers, and as makers of coils furnished a great variety, every man could choose for himself.

(To be continued).

ELECTRICITY IN INCONTINENCE OF URINE.

Pousson, in the Journal de Medecine de Bordeaux, states that the induced current should be used in this affection. A slender bougie, containing a metallic conductor, which terminates in an olive-shaped tip, is introduced to the sphincter and a feeble current is passed for several minutes. The application should be made daily. Seven cases which had resisted all the usual medicaments were rapidly cured. There was a little girl among the number.

Miscellany.

PREMEDITATED SUICIDE.

I ask a glass of water, or of claret, or
of beer;
I go to kiss a pretty maid—she turns
away with fear;
I eat some lemon jelly that's been stand-
ing on the sill;
And they tell me all are loaded—war-
ranted to kill.

I put a pencil to my lips; I gulp down
pounds of air;
I visit all the cattle at the Wayback
County Fair;
I buy a paper of a boy, and handle dol-
lar bills;
And they tell me every one of these has
that on it which kills.

I'm not much up in science, but I know
a thing or two;
I know that if I do not eat or drink or
kiss a few
Of these fashionable, dreadful germs, I
certainly will die,
For I'd have to give up breathing to es-
cape the bacilli.

Bacteria, Bacteria! I'm not afraid of
you!
The world will roll around the sun for
all that you can do.
So on dollars and on papers and on
kisses and on food,
Just hand me common bacilli—I'm not
a science dude.

And what's the use of living if you can-
not eat or drink,
If pretty girls and dollar bills, and even
printer's ink,
And country fairs and pencils are only
other terms
For the rapid transit system of the
scientific germs.

JUDGE.

LABORATORY DOCTORS.

Laboratory doctors, with troops of dogs, guinea-pigs and rabbits, and numerous cultures of bacteria, are busily at work solving the vexed problems of diseases and teaching their benighted brethren those facts which, as Josh Billings says, "ain't so."

The energies of the active practitioner are occupied in relieving the sick and suffering around him, and recording the facts learned through careful clinical observation and experience.

The laboratory doctor is exposed to many dangers. The pernicious habit of generalizing from a few experiments or an isolated occurrence is almost sure to seize him; the light of the laboratory lamp has something fatal about it, changing impassioned prejudices into rational convictions; beautiful theories, promising a scientific and accurate solution of troublous questions, beset him until he forgets, in admiration of the edifice, that any inaccuracy in the foundation is liable to precipitate into the dust the most imposing superstructure ever reared.

These and a thousand like perils crowd the path of the laboratory doctor from which his brother, the active practitioner, is comparatively free—free because the ideas, inspirations, theories which constantly appeal to the brain of every intelligent physician, are daily subjected to clinical test, a very satisfactory break for headlong ambition.

The medical profession must make a stand, and refuse to accept without remonstrance or dispute the teachings of laboratory physicians, unless they are content to accept the philosophy of the ostrich, and by closing their eyes deny the existence of the interrogation marks which so plentifully intersperse these brilliant theories.—Medical Brief.

The new flash light which the Government will erect at Fire Island consists of a bivalve lens about eight feet in diameter, to be illuminated by two arc burners of several thousand candle power each, so magnified by the lens as to give a flash whose power is estimated at 250,000,000 candles. "This light will have the most powerful lens ever constructed, and, in favorable weather its rays projected, against the sky, will be seen at a distance of at least 100 miles, while the light itself, which will flash every five seconds, will be visible 24 miles."

—Hardware.

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THE TREATMENT OF PNEUMONIA IN CHILDREN.*

BY FRANK S. PARSONS, M. D.,
PHILADELPHIA, PA.

Formerly lecturer on Children's Diseases in the College of Physicians and Surgeons, Boston, Mass (1889-1892).

Editor of The Times and Register:

It would seem proper to apologize for taking up your time discussing a subject with which you all must be so familiar that no words of mine will be necessary for enlightenment were it not for the fact that this disease, so intensely fatal in the young infant, is one in which our therapeutic resources for its treatment are so extensive that there are few physicians, even at the present time, who will manage a case on the same lines.

It will be necessary for a clear understanding of pneumonia in children to consider the two great varieties under separate heads; viz, croupous pneumonia and catarrhal or broncho-pneumonia.

So great are the differences in the etiological and therapeutic factors in these two forms that they should be considered as distinct diseases.

Croupous pneumonia is, at present, generally considered an infectious disease, determined by a specific cause, and for this reason deserves to be classed among the disease termed "zymotic." It will, if untreated, run a definite course in a regularity of time, and its natural tendency is to recovery. The self-limitation of this form of pneumonia would imply the production in the blood of an agent which is antagonistic to the specific cause of the disease—an anti-pneumotoxin.

*Read at Tri-State Medical meeting, Atlanta, Ga., Oct. 12, 1894.

If, as German scientists have demonstrated, after croupous pneumonia has progressed a few days there appears in the blood this agent antagonistic to the pneumococcus, our future dissertations on this subject will be exceedingly short. The sick will be made to heal the sick, and the physician, armed with hypodermic needle, will act as mediator between them. But these beautiful theories, unfortunately, like many others over which the world has gone wild, can only be made theoretical, and seem to contain no practical value.

To take up your valuable time enumerating the various therapeutic measures employed in the treatment of this disease, is not my intention in this paper, and I shall only consider those which have seemed to me most advantageous, recognizing that there are other therapeutic roads which lead to the same result.

Given, then, a disease which we believe to be specific, self-limited and dangerous to a degree comparative with the intensity of its symptomatic indications, and the capability of the heart to bear up under the greater strain laid upon it, what are our therapeutic indications in treating such a malady?

As before mentioned, the antidotal remedy, except as it naturally is produced in the blood, has not been found practical in application as yet, and it is doubtful if, by outward applications, or remedies usually employed internally, we are ever able to abort a case of true croupous pneumonia. Congestions of the lungs, which may give rise to consolidated areas on percussion, are quite another matter.

In croupous pneumonia of children the relative size of the bronchical tubes be-

ing larger, and the alveoli smaller, than in the adult, congestions of the interstitial structures occasion more profound results. The fever is apt to be higher, the nervous symptoms greater and oxygenation lesser.

First, then, we should endeavor to promote diaphoresis, and an increased elimination of carbonic acid gas with a reduction of temperature.

Second, we should promote elimination through the kidneys by diuresis.

Third, we should promote an increased alkalinity of the blood, thereby lessening the fibrin and tendency to coagulation.

Fourth, we should quiet the nervous system and favor sleep.

A large, well ventilated room, not too much darkened, with an average temperature of about 70 degrees F., is a necessary, but, unfortunately, not always convenient sanitary measure which will prove of advantage.

As a rule very little medicine is needed in the treatment of croupous pneumonia of children. When the temperature is high, skin hot and dry, and there is a good deal of restlessness, two or three drops of the compound tincture of ipecac ("the liquid Dover's powder") every hour or two until there is marked improvement will be of benefit. To promote diaphoresis and diuresis there is nothing better than the old standby, sweet spirits of nitre (spiritus etherisnitrosi). Acetate of potash may be given to promote alkalinity in the blood and guard against clot-formation. Liquor ammonii acetatis will greatly assist the elimination through the skin and cause a reduction of temperature.

The following formula given by Dr. Larrabee, of Louisville, Ky., has proved a great benefit in croupous pneumonia in my experience, viz:

		Gram.
R	Spts etheris nitrosi..... ..	
	Potassae Acetatis aa 1½ dr...	6
	Spts. mindereri.....	
	Aquae camphorae aa 3 oz..	90

To be left with slightly acid reaction to litmus.

M. Sig.—Teaspoonful every two hours to a child.

Routine treatment in this disease should be avoided. Individual cases must be watched closely and often.

Temperature.—When the temperature is high, in my opinion the warm bath is to be preferred to the cold. It certainly is more grateful to the little sufferer, and the shock of a cool plunge is obviated. After the warm bath the chest may be enveloped in a warm wet pack, when the child will be most certain to break out in a gentle perspiration, which is followed by refreshing sleep.

The coal-tar products as antipyretics have, of late, fallen into more or less disrepute in the treatment of pneumonia; the difficulty seems to lie in the supposition that they de-oxidize the blood.

Between aconite and veratrum in the early stages, the majority of practitioners prefer veratrum, which is considered safer. I believe there is little preference practically, but my experience has led me to rely more on aconite of the two. Care should always be exercised in the employment of either.

Expectorants.—In croupous pneumonia no expectorant is needed. The fluidity of the mucus collections can as easily be kept up with cold water for a refreshing beverage as to nauseate the patient with composite mixtures of ipecac, squills, senega ammonia and opium.

Purgatives.—It is a common observation that purgation in the stage of hepatization is bad. Probably this results from the general depresion resultant upon the administration of the drug.

Stimulation.—Death in croupous pneumonia is nearly always from a failure of the cardiac muscles; the right side of the heart is engorged with blood in its endeavor to force the vital fluid through the obstruction present in the lungs. This causes the right ventricle to become distended so that the apex beat may be displaced. Clearly, then, our plan of stimulation of the heart lies not so much with the necessity for goading the organ to more work, but that we make the extra work it has to do lighter. We should relieve the engorgment by dilation of the capillaries. Our forefathers recognized this when they averred that "bleeding is good in pneumonia." While we do not need to revive this old-time custom at the present day, because we can accomplish the same thing with less danger to our patients, yet there is an underlying principle about this that we will do well not to lose sight of, viz., the relief of an overburdened heart. Our objects in this line may be attained by direct application of heat to the chest by means of the warm pack. We will find that drugs of the belladonna class will diminish the blood pressure by dilating the capillaries. Nitro-glycerine will

often rescue a heart that is overcharged with venous blood in the same manner as aspiration. Digitalis should not be used before the crisis. Alcohol has great value as a cardiac stimulant in this disease, by reason of its power to dilate the capillaries and its action on respiratory centres. Strychnine in doses of 1-300 of a grain every four hours is an excellent heart tonic in pneumonia of children.

Applications to the Chest.—Beyond the soothing effect of heat and its stimulating effect on the heart, there is little benefit to be derived from the application of poultices. Hot water may be applied by means of cloths wrung out in the same and confined about the chest with cotton or oiled silk. Probably they have no influence on the lesion, except as an agent to determine the blood to the skin, and thus relieve the heart.

Nervous Symptoms.—For the pain, irritating cough and sleeplessness the drugs classed as antipyretics are occasionally useful. Phenacetine holds, perhaps, the first place among this class of drugs. From a half to two grains of the drug can be given infants, according to age, but should be used only for the nervous phenomenon, irrespective of temperature.

Catarrhal pneumonia, or, better termed, broncho-pneumonia, is an entirely different disease. While there may be interstitial consolidation with the coexisting bronchitis, its etiology, symptomatology and treatment are entirely different from the croupous variety.

This form is far more common in the young infant than the specific; a fact which is probably due to the ease with which a catarrhal inflammation extends along the respiratory tract, and the comparative immunity that very young infants enjoy from infectious diseases.

The child sick with broncho-pneumonia should be clad in a long, warm night-dress made of cotton flannel and kept in the same, unless necessary to change for the sake of cleanliness, until the severity of the disease has passed. A chest protector of eiderdown flannel should be made and worn. I prefer this kind of protector on account of the thickness, softness and warmth which it affords, and believe it is of more value than all the poultices or sinapisms that are usually applied.

For the fever in this form of pneumonia chloral hydrate is coming into good repute. As an antipyretic this drug possesses admirable qualities. It is antiseptic, volatile, and has the slightest solubility in the blood, and hence eliminative. If it is not pushed too far it is not toxic.

In this form of pneumonia it is necessary to treat the cough. This should require a careful consideration of the condition of the patient. In broncho-pneumonia we have a stasis of the expulsive powers of the bronchi due to thickness and viscidity of the mucus and the weakened condition of the muscles of the tubes from exhaustive attempts to cough up the secretion during the pre-existing bronchitis. Therefore we must first stimulate the mucous glands to increase the watery elements of the secretion. For this the steam spray is an excellent adjuvant, but the most reliable drug for this purpose is ipecac. Combined with the latter to relieve the irritability and restlessness some form of opium is advantageous, and that we may get free elimination and a good action of the kidneys I generally add citrate of potash.

For the foregoing reasons I have been in the habit of prescribing the following formula:

		Grams
R	Vini ipecac dr. 1.....	4
	Potass. citratis gr. 30 ...	2
	Tinct. opii camph. dr. 2..	8
	Elixir simplicis oz. 1.....30	
	Aquae distil. qs ad. oz.4..120	

M. Sig.—A teaspoonful to an infant six months old every two hours.

Stimulating expectorants, so-called, are sometimes useful in the latter stages of this disease, but are useless in the earlier stages.

Much benefit will be obtained by the boiling in the sick room of a kettle of water; the steam arising therefrom tends to ease the cough by facilitating expectoration. Turpentine may be added if desired.

The bronchial tubes, stomach and intestinal canal will be relieved of the mucus and muco-pus by an occasional emetic or a little calomel, given cautiously but not in sufficient quantity to tax the strength of the child. I have seen good results in clearing the intestinal tract by allowing the child to drink freely of water into which has been put a little of Marchand's "Hydrozone" in the proportion of a teaspoonful to the half pint of water. If used too strong the hydrozone will occasion decomposition of the pus into painful quantities

of carbonic acid gas, causing colic, but if this destruction of pus is carried on less vigorously by a larger dilution the pain or discomfort is obviated. The action of the hydrozone is one simply of cleansing the mucus membrane.

Stimulation.—The heart tonics necessary in this form of pneumonia do not differ from those indicated in the croupous variety, except that the objections to digitalis are removed in broncho-pneumonia; in fact together with whisky or brandy we are quite in need of it. It is always a good plan to combine any depressing antipyretic with a drop or two of digitalis in bronchial inflammations in children. It is spur and oats to a flagging heart where not contra-indicated by any extensive consolidation of lung tissue.

Malarial element may be occasionally found in these bronchial affections of children, and if suspected should receive proper attention.

In broncho-pneumonia, the result of intestinal disturbance and the bacterium coli communis, Sevestre employs calomel in one-grain doses to children under six months. To relieve the lung dry cupping or mustard plasters are used; for dyspnea two or three injections of ether or of caffeine each day and alcohol rubbings for the algid tendencies are advised.

The complications of pneumonia, pleurisy and cerebral symptoms are to be met by revulsive treatment, and the bromides and chloral with ice to the head.

The diet in this disease should be fluid, chiefly of milk.

THE THERAPEUTIC ACTION OF TRIONAL.

BY OTTO BAKOFEN.

Inaugural dissertation presented to the University of Freiburg.

Continued from last number.

A. Randa (Int. Klin. Rundschau., 1893, No. 18), reports his observations from the private insane asylum at Ober-Dobling:

Trional was employed in 18 cases of mental disease in doses of 1.0 to 3.0 gm. at bed-time. It was used for a period of two months, and was usually administered in fluids as warm as possible (tea, soup, warm milk, and warm water). The smallest effective dose was usually 1.5 gm. The period of time from the administration of the remedy to the appearance of its effects varied one-quarter hour, the longest two hours. one-quarter hour, the longest two hours. He believes that this is attributable to the fact that the drug is not easily soluble. The sleep produced was quiet and dreamless. It usually lasted from 8 to 9 hours, but in marked conditions of excitement in maniacal persons its duration was on the average five hours. Randa especially praises the effect of trional in those suffering from paralysis. Aside from a few cases in which the patients experienced some drowsiness on the following day, no unpleasant after-affects were noted. A cumulative action was not observed, but it was found that after a time the dose could be reduced without impairing the efficacy of the remedy, an observation which had been made by other authors. Randa, therefore, concludes that trional is an excellent hypnotic, the employment of which must be strongly recommended.

Koppers (Int. Klin. Rundschau, 1893, No. 29, u. 30) employed trional in several cases, and after doses of 0.5 to 2.0 gm. obtained successful results in various affections attended with insomnia. The maximum single dose amounted to 2.0 gm. He usually administered the remedy in warm milk or tea. The effect in rectal use was a little delayed, but as marked as by the mouth. He employed the remedy for periods up to three weeks without injury to the patients or diminution in its efficacy. The effect usually occurred within one-quarter to one-half hour, although sometimes not until the end of two hours, and was always satisfactory. The sleep lasted for six to ten hours, and was always quiet and dreamless. In but one case, where the patient suffered from a cardiac lesion, was its action attended by vivid dreams.

Koppers further observed that trional has an antihydrotic effect similar to sulfonal, which manifested itself after administration of as small doses as 0.5 gm. In conformity with other authors, he noted that in cases where the insomnia was due to bodily pains the remedy frequently failed to act. Aside from occasional fatigue and drowsiness on the following forenoon, Koppers witnessed no other after-effects. In one instance, however, after administration of 2.0 gm., the patient complained of roaring in the head and a drowsy feeling.

He believes that trional acts upon the heart action and circulation. Accord to his investigations the blood pressure was slightly reduced, while the pulse frequency was sometimes increased by 5 to 10 beats. These symptoms were more marked in cases of cardiac lesion, with or without disturbances of the compensation. He therefore believes that a certain amount of caution should be exercised in some cardiac cases. He never observed changes in the respiration or disturbancs of the digestive organs.

"At any rate," says Koppers in con-

clusion, "we have found in trional a remedy which deserves to be placed among the best hypnotics on account of its rapid and reliable effects, and which even when employed in small doses acts as a reliable anti-hydrotic."

O. Collatz (Berl. Klin. Wochenschr., 1893, No. 40) has published his experiments with trional in the private insane asylum of Dr. Oestreicher at Niederschonhausen. Among 56 patients suffering from insomnia 800 gm. were administered, usually in doses of 1.0 to 2.0 gm. He regards 2.0 gm. as an effective dose, while after continued use 1.0 gm. produced a satisfactory effect. The remedy was administered in abundant quantities of warm fluids. A favorable result was obtained from trional in the most diverse mental diseases attended with insomnia. Sleep occurred within an hour, was dreamless and lasted from six to nine hours. In conditions of excitement in epileptics trional exerted no influence upon the recurrence and severity of the attacks, but usually abridged the duration of the post-epileptic delirium. In the case of sleepless maniacal, paralytic patients the best effects were obtained from fractional doses, 1.0 gm. two to three times daily. Good results were also noted from trional where sulfonal and other remedies had proved inactive. In a case of the morphine habit the remedy was given with comparatively good results.

Trional exerts no influence upon the heart. A very favorable result was observed in a patient suffering from severe cardiac lesions and cardiac spasms, during which she became violently excited. For a period of nine weeks the patient received 1.0 gm. trional daily, and since that time was usually quiet during the day and slept five to seven hours at night. The 60 gm. of trional administered exerted no injurious effects of any kind.

Collatz failed to observe any disagreeable sequelae in the other cases. The circulation and respiration always remained unaffected. Albumen, blood corpuscles or decomposed hemoglobin were never found in the urine. The author also had an opportunity to witness an attempt of poisoning with trional. A man 28 years old, who had suffered from epileptic attacks at the time of puberty, he took for suicidal purposes 8.0 gm. of trional in a single dose. After the lapse of a quarter-hour he was seized with an epileptic attack which lasted for about five minutes. After returning to consciousness he complained of nausea without being able to vomit. Immediately afterward he fell into a sleep of 12 hours' duration, during which the pulse and respiration remained perfectly normal. The sleep lasted with slight intervals until the following day. In the evening pains in the abdomen and violent dysuria occurred, and the patient had to be catheterized on account of the retention of urine. The quantity of urine amounted to 400 c.cm., its specific gravity to 1025; the urine was dark, amber color and contained no albumen, sugar or blood coloring matter. On the following day the patient was completely well.

From the foregoing it will be seen that Collatz obtained as favorable results as the other observers.

The report of S. Garnier (Le progres Medical, 1892, No. 49) also deserves mention. He arrived, however, at no definite conclusion, as he had not completed his experiments at the time of the report, but also derived excellent results from trional. In his opinion, it possesses a marked hypnotic and sedative effect. Sleep occurred within a shorter time, and after smaller doses than with sulfonal. He administered the remedy in hot water, and frequently, on account of its slightly bitter taste, mixed with honey, preserves or sweetened milk.

In the case of maniacal persons with nocturnal and diurnal excitement he administered doses of 4.5 gm. pro die, either in a single dose at night or in divided doses. In these conditions, as well as in neurasthenia, good results were noted. A report on trional in mental diseases, by Pelanda Giulo and Cainer Allessandro (La reforma medica, 1893, No. 33) was unfortunately not entirely at my disposal, but from the part which was accessible I derived the information that the remedy was administered in wafers or suspended in wine or milk. The greatest single dose amounted to 3.0 gm., the greatest daily dose to 4.0 gm.

In the majority of cases trional in doses of 0.5 to 2.0 gm. produced a sleep on an average of 7 hours' duration. The hypnotic effect was developed in from 15 minutes to 3½ hours, according to the nature and severity of the disease, or of the condition of excitement.

In the various forms of alcoholism, as well as in cases of mania, satisfactory results were obtained from trional, while it acted unfavorably in the epileptic forms of the psychoses. In several instances they also noted that trional had a more favorable action than sulfonal, chloral and the bromides. In a case of progressive paralysis the sleep produced by 1.0 gm. trional was deeper than after an equal dose of sulfonal, or 4.0 gm. of chloral; even when awake the patient remained more quiet than after the last two remedies. In another case of mania with delirium, trional in doses of 1.0 gm. always exerted a full effect, while 2.0 to 3.0 gm. chloral were almost ineffective.

After-effects are observed by them in a few instances where the patients on the night before had received a somewhat larger dose. These appearances consisted in vertigo, dizziness, nausea, headaches, ringing in the ears, etc. The disturbances, however, rapidly disappeared. No influence upon the heart or respiration was noted.

From all this it appears that both the authors obtained as good results from trional as those previously named.

In conclusion we would mention the reports of three American physicians. Unfortunately they were not accessible in the original, so that I had to make use of abstracts.

W. C. Krauss (New-Yorker med. Monatsschr., 1893, No. 8, p. 11, and Intern. Journal of Surgery, 1893, No. 7, p. 185) employed trional in 15 cases of nervous and mental disease at the clinic of the Buffalo City Hospital, and obtained successful results from doses of 0.5 to 0.75 gm. In but one case, prurigo, was a failure recorded. In none of these cases were disagreeable symptoms noted, although in two of them other hypnotics had been abandoned on account of their irritating qualities.

Mattison (Intern. Med. Magazine, 1893, No. 6, p. 557) had given Trional one hundred times, with success in ninety. All these patients were or had been opium, chloral or cocaine habitues. The drug was given dry on the tongue. The initial doses amounted to 40 grains for males, 30 grains for females, and were usully given at 7 P. M. In simple insomnia doses of 20 to 30 grains were sufficient. Trional is possible, according to Mattison. He found that the effect of Trional is prompter, more pronounced and more prolonged than that of sulfonal. In his opinion, Trional is the most potent soporific at present at our disposal.

Mabon (The Med. Age, 1893, No. 11, p. 346) on the ground of his investigations concludes that Trional possesses marked hypnotic and sedative effects. It proved serviceable as a hypnotic, especially in mental diseases. In the majority of cases it was effective in doses of 15 grains given in warm milk at bedtime. Sleep was produced in from 15 minutes to two hours, and lasted from 6 to 9 hours. It was quiet, dreamless, and resembled normal sleep. In a few case unpleasant after effects were observed, but these did not persist long and never excited alarm. No influence was produced upon the heart action. Mabon also observed that in a few cases the effect of a single dose extended over the following two nights. The effective dose varies between 10 and 30 grains. It is advisable to commence with 15 grains.

On the ground of the foregoing review of the literature, which I believe to be complete, there prevails with reference to the excellent properties of Trional a unanimity such as it is unusual to find with regard to other remedies. The advantages possessed by Trional are based first above all upon its reliability in those conditions of sleeplessness which experience has shown are combated with the greatest difficulty, especially for a long period. These conditions comprise the simple so-called primary insomnia and that associated with mental diseases and alcoholic excitement. In primary insomnia the remedy never appears to fail. Among mental diseases even the violent maniacal conditions of excitement can be successfully relieved for a long time, and as regards conditions of alcoholic excitement, which are so difficult to treat, favorable testimony is constantly accumulating. In contrast to the unfavorable results of Schafer, the morphio-cocaine habit has since been treated successfully with Trional by a number of authors.

The opinion formulated by Collatz on the ground of his personal experience in cases of cardiac lesions is especially worthy of mention on account of its extremely favorable character. Hence it would appear that patients affected with severe heart lesions are able to tolerate Trional most satisfactorily, even in long-continued doses, and experience considerable relief of their distressing condition.

It must also be mentioned that Trional acts in smaller doses than sulfonal, and especially that its action is much more prompt than that of the latter. After effects, if at all developed, are much less marked than with sulfonal, although, as the experience of the last few years has shown, the sequelae from the use of both these two remedies are due to an improper manner of administration, and can readily be avoided. Slight giddiness and moderate malaise are the only after effects observed in a small percentage of cases after administration of Trional. Vomiting is so seldom noted that practically it need not be considered.

It seems to me of interest to report here a number of experiments made at the pathological institute at Freiburg with Trional in the same manner as those communicated by Kast in the Archiv fur Experimentelle Pathologie und Pharmakologie with reference to sulfonal. At the start it may be remarked that these experiments were commenced at a time when few clinical observations on Trional had been published. Independent of clinical reports, these experiments on animals demonstrate that Trional possesses the advantages over sulfonal of having a more reliable and much prompter action.

The individual experiments are as follows:

Experiment I.

Small red dog weighing 5600 gm. received on

June	Gm.
2	0.7
3	0.7
4	0.7
5	1.0
6	1.0
7	1.0
8	1.0
9	1.0
10	2.0

After this dose the dog fell over, while previously sleep always occurred after a quarter-hour without staggering or similar symptoms.

June	Gm.
11	2.0
12	Discontinued
13	2.0
14	2.0
15	2.0
16	2.0
17	2.0
18	3.0

In the evening death occurred. Total quantity of Trional administered, 24.1 gm.

To be continued.

Society Reports.

SIXTH ANNUAL MEETING OF THE TRI-STATE MEDICAL SOCIETY OF ALABAMA, GEORGIA AND TENNESSEE.

First day, Tuesday, October 9, 1894.

Dr. J. C. LeGrand read a paper on "The Responsibility of a Class of Criminals, from a Medico-Legal Point of View," in which he advocated castration for capital crimes instead of hanging. The object of this is two-fold: first, as a punishment and reformatory measure; second, to prevent the increase of the criminal class. He did not believe that hanging has the deterring effect that castration would have. This treatment cannot be applied except to those convicted of capital crime.

Dr. R. M. Cunningham said: Crime is a violation of the law—organic, statutory or common—of the commonwealth in which the criminal lives and to which he is responsible. These laws are the expression of the civilization of the commonwealth.

There is no universal law to define the degree and punishment of crime. There is no universal moral standard. Hence, the responsibility of criminals should be considered in connection with their immediate environment.

External influences alone do not make or prevent criminals. Under precisely the same environment of law—social, ethical, religious and moral—we have some committing crime and others not. Why so? It is due to some internal, personal agency, that stimulates to the commission of crime, or that restrains the moral inhibition of crime—in either case interrupting the mental, moral and physical equipoise which in one insures honesty and obedience to law and order, and in the other the violation of same. Whence comes this principle? Partly from race, partly from nationality, and very largely from family.

External influences determine the yield of good and evil. Alone they will not make a good man bad, nor vice versa. I think the real cause of crime is found in the criminal himself. When such a principle is discovered, it is the duty of the law to protect society against the propagation of this principle, by emasculation of the criminal, and thereby prevent any posterity.

Dr. J. B. Cowan said: "There is no diversity of laws of civilized countries in regard to rape. It is always ranked with murder. The tendency to crime is not alone in the man, but also due to environment. The question takes us into the domain of theology. The rapist is insane. He is irresponsible."

Dr. F. W. McRae thought with Dr. Cowan that the moral element and environment enters largely in the question. The important point is the prevention of the propagation of this class. Both sexes should be desexualized. It would, however, make this class enemies of society.

Dr. L. P. Brouillette read a paper on "Treatment of Stricture of the Urethra by Electrolysis," in which he reported a case in which the urethra was impermeable. There was no pain or interference with business. The treatment is limited to stricture due to inflammatory action. He quoted Neuman, as to method, differing in that he gave names on alternate days. He insists on the permanency of the cure when properly administered.

Dr. J. B. Cowan had had no bad results from the older methods. All cases had been relieved and most cured. He would be unwilling to throw away the knife in all cases.

F. W. McRae was opposed to the method, mainly through the report of Dr. Keyes, of New York, who states that the results are no better than by rapid dilatation. Had no personal experience with the method. His method was to incise the stricture, and after healing to dilate. The New York Academy of Medicine appointed a committee to investigate the question, and after a year reported the method a failure.

In closing the discussion, Dr. Brouillette said that the committee did not know anything of electricity and were prejudiced, and this is true of those who oppose this method. He failed only in congenital stricture. This is best method for treating stricture. The adventitious tissue is absorbed by catalytic action.

AFTERNOON SESSION.

A paper was read by Frank Tresster Smith: "The Induction of Labor to Prevent Blindness." The paper was mainly historical, and advocated the induction of labor when blindness was threatened, because this indicated that there was kidney disease of so grave a character as to threaten life.

J. A. Goggans said that he had seen a number of cases with albuminuric retinitis, and that they usually went blind and died.

J. B. Cowan said that we could not be sure that the albuminuric retinitis was due to the pregnant state. He did not believe in inducing labor promiscuously.

Dr. Smith in closing the discussion said that when we had a case of increasing blindness in the pregnant state, we could be quite sure that it was due to the pregnancy; this was more certain if the blindness was increasing rapidly, and especially if in previous pregnancies there had been attacks of blindness.

A paper by E. van Goidtsnoven was read on "Slaughter of the Innocents," taking the ground that the child ought to never be deliberately killed, condemning the induction of labor and craniotomy, and advocating Cæsarean section and Porro's operation.

R. R. Kime said that we should be careful from a moral standpoint. He did not condemn in toto the induction of abortion for the vomiting of pregnancy; still it was getting too common. Instead of a craniotomy, a Cæsarean ope-

ration, a symphysiotomy, or a Porro's operation. In some cases artificial labor is necessary. In some cases of kidney affections with urenic symptoms, if we wait, the woman will be dead as well as the child.

R. M. Cunningham could not agree that there were no cases where we should induce artificial labor. The relation between fetus and mother were different from those between mother and child. The fetus was simply a vitalized neoplasm, and should be removed only to preserve life. Craniotomy is an operation that should be obsolete and is with all scientific men.

W. E. B. Davis said that those who had performed the most successful operations advocated in extra-uterine pregnancies early operations should be performed. They urge this to save the mother's life.

Frank S. Parsons read a paper on "Pneumonia in Children," which may be found in other columns of this journal.

R. M. Cunningham had treated four or five hundred cases.

It was a self-limited disease. He had so found it, about 38 per cent. of his cases had a tendency to die. In many of his cases, heart clots, which he believed to be the cause of death. His method of treatment was by hypodermoclysis. He also used strychnine.

Dr. Parsons, in closing, said that care was necessary in the use of digitalis. Cold was contra-indicated in children only because they shuddered from the cold which caused increase in the action of the heart.

R. R. Kime read a paper entitled: "Essentials of Obstetric Nursing." Asepsis on the part of physician, patient and nurse is required. Asepsis may be attained by cleanliness or antiseptics. It is essential that the physician and nurse have clean clothing, hands and finger nails, and everything coming in contact with patient be rendered aseptic and kept so during the peuerperium, even the patient herself. Advised washing and boiling of all cloths, towels and bedding to be used about the patient. Advised use of antiseptic vulval pad with abdominal binder. Condemned vaginal douche after normal labor. Advised use of catheter by sight after cleansing parts and not by touch, so as to prevent infecting bladder.

Condemned astringents to nipples before labor. Believed infection is more common than most physicians admit, in both city and country practice. That the majority, not all, cases of infection can be prevented by due diligence on the part of the physician and nurse. That many cases of mild infection pass unnoticed by the physician because they are not attended with severe constitutional disturbances, or are classed as malaria, milk fever, taking cold, inflammation of bowels, typhoid fever, etc.

F. S. Parsons agreed in the main with the author, except that he thought that so much antiseptic material was not necessary. Hot water was the best antiseptic, and all that was needed ordinarily. He used less antiseptics afterwards, but placed the patient in a semi-sitting posture. He advocated immersing the child in warm water and washing it under water. To prevent excoriation of the navel he wrapped the cord in absorbent cotton. Over this he placed some adhesive plaster. Did not use a binder in any form.

Dr. Kime said that he had not recommended antiseptics except to cleanse the hands of the doctor and the vulva. All cloths should be boiled. The use of the vulva pad and the cotton should be for the comfort of the patient.

J. A. Goggans read a paper on "The Surgical Treatment of Empyema." The methods are: First, aspiration, rib resection, and the open method. The natural tendency is more favorable in children. Empyema is a symptom of various diseases, not a disease itself. Aspiration has many advantages in childhood. He reported 13 cases operated on mostly by aspiration. He advocated the operation of Poro. The conclusions were as follows:

1st. That it is useless to delay the operation of thorocotomy, especially after finding that the pus contains the bacillus of tubercle, or is the result of microbes being introduced through the lymphatics, or when the empyema is developed in cases of general pyemia.

2d. That the opening should be made above the ninth rib.

3d. That antiseptic injections should not be used only in the above-mentioned varieties of empyema.

J. M. Matthews read a paper on "Some Points in Rectal Surgery."

Fistula in ano is one of the most important of diseases of the rectum. It requires more delicate and precise surgery than most any magical affections. Irritable ulcer or fissure can be cured by divulsion of the sphincter. At the International Medical Congress, at Washington, on "The Anatomy of the Rectum in Relation to Reflexes," in which I endeavored to show that much elucidation could be thrown upon many suspected diseases, by tracing their origin to disease of the rectum. This idea has been run away with by the so-called orificial surgeons, who have done much harm by their method of removing an inch or two of the lower part of the bowel. This practice cannot be too severly condemned.

In ulceration of the rectum 60 per cent. are due to syphilis; simple ulceration is extremely rare. In cancer of the rectum, lumbar colotomy is to be preferred to inguinal. When practicable, the growth should be removed. In the majority of cases, colotomy is unwarrantable.

W. E. B. Davis said that every gynecological case should have the rectum examined. In cancer of the rectum, unless we can promise that the disease will not return, an operation will do surgery no good.

F. W. McRae said that the

only cases of stricture of the rectum he had seen were due to syphiiis. He reported a case where he had performed inguinal colotomy, and had also removed the cancerous growth. This case had been treated for piles. In another case a spasmodic stricture of the urethra was relieved by divulging the sphincter.

William Perrin Nicholson related a case of ulcer of the rectum in a colored woman, due apparently to dysentery. In a case here some orificial surgeons were going to remove the lower part of the rectum, which yielded to iodide treatment.

Mixed infection, in which he related a case in point. A. R. Robinson said that cases of doubtful diagnosis should not be cauterized. Dr. Hutchins said that many thought the chancroid was merely a pus infection, as no germ had been discovered.

Dunbar Roy read a paper entitled "Paresis and Paralysis of the External Rectus of the Eye, With Report of Two Cases." In one case the trouble was due to malaria, shown by its yielding to anti-malarial treatment. In the second case the paralysis followed a blow on the temple. A cure was effected by gymnastics and electricity. He reviewed the literature of malarial eye diseases and the paralyses caused by trauma. Dr. Frank Trester Smith said that he had never known a case of paralysis of the eye muscles to be ascribed to malaria, but the result showed that the conclusion was correct. G. W. Drake asked if, in the second case, the paralysis was caused by a hemorrhage, where the hemorrhage was located—in the muscle or in the brain? Dr. Roy thought that there was some effusion in the muscle, and that the centre in the brain may have needed some impulse.

G. W. Drake read a paper entitled "The Code of Medical Ethics." The basic principles upon which the grand old edifice of medicine are builded are "beneficiary and professional liberality," community of knowledge, open medicine and no therapeutic secrets. He who violates these principles by dispensing secret medicines is a medical heretic or anarchist. He divided all doctors into two classes, regulars and irregulars. He is an irregular who uses any sectarian name or term denoting that his practice is based on any exclusive dogma. He is a regular, whether he prescribes little or large doses or no doses; whether he employs the principle of "similia," or "contraria," etc.; provided he does not assume any ostentatious epithet by which to attract the unwary public, such as eclectic, homeopathic, hydropathic, Indian, hoodoo, etc.

SPECIFIC FOR GONORRHEA.

A new specific for gonorrhea is a 1 per cent. solution of creosote in decoction of hamamelis combined with boric acid. It is claimed that this will destroy the gonococci in two hours.—

—Pacific Medical Journal.

The Times and Register.

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TREATMENT OF MALIGNANT TUMORS.

In the recent meeting of the Tri-State Medical Society of Atlanta, Ga., Dr. A. R. Robinson, of New York city, read an instructive paper on the importance of the early recognition of malignant disease, which brought out in discussion many valuable points in the treatment of sarcoma and carcinoma. The early recognition of such diseases is important because physicians are too apt to say to the patient, "let it alone." In the early stages of these diseases there is much time lost in not initiating proper treatment early. Knife operations are not always acceptable, or curative. Caustic applications are efficient if they occasion acute enough inflammation. The production of very acute suppurative inflammation, whether it be produced by the streptococcus pyogenes, erysipelatis, or

other cause, over the seat of the malignant tumor, will cure the disease if applied before serious lymphatic involvement has taken place. Vienna paste or other caustic may be applied to tumors that have not extended to any important degree. The diagnosis of malignancy may be established by microscopical examination. The pus germs may be injected directly into the tumor.

STILL THEY COME.

In spite of the thousand or more operations for hernia it would seem that the inventive ingenuity of man is anything but expended in this direction, for during the past year something more than a dozen new measures for radical cure have been devised.

One has discovered a "hernia salve"; another cures all cases with electricity; another "professor" in a Western city announces that he is prepared to take a limited (?) number of students and for a stipulated sum initiate them into the mysteries of the "radical cure" for hernia.

There is almost no end of new surgical measures, lately recommended.

A case comes under a surgeon for operation, when he introduces some new wrinkle in the "technique," the patient escapes with his life, the wound heals and he is dismissed, when, without any further observation, the case is heralded forth as a "new," never-failing operation for permanent cure. Dr. C. A. L. Reed, of Cincinnati, is the latest claimant for honors in this line of surgery.

For Bassini's, McBurney's and Marcy's operations he has no use, because they are faulty in the principles which they embody. The doctor's own plan, while highly valuable in certain types of hernia, has the fatal disadvantage that it entails an unnecessary extent of mutilation; and then, in the event of relapse, a hernia, which would be quite unmanageable, must almost certainly follow.

Two noted New York surgeons are also aspirants for fame in this attractive field. Dr. A. M. Phelps essays to fill in hernial breaches by what he is pleased to designate the "wide-mattress method." The operation in detail is essentially a combination of three well-known methods, with some of their defects and a new one superadded, as he will soon learn, if he attempts to imbed wire permanently in the inguinal regions or the crural arcade. The latest comes from Dr. James E. Kelly, recently of New York Post-Graduate School, who offers to his professional brethren something in this line, under the rather euphonious title of "A New Departure in the Radical Treatment of Hernia."

The doctor sets forth the weak points in all the current operations for radical cure and explains how he could utilize the tensor-vaginae-femoris to block up the inguinal canal. But this procedure, theoretically perfect as it may seem, is far from possessing utility, inasmuch as the prime purpose of all operations for inguinal hernia is to not plug the canal, but clear it of all extraneous tissue. However, as the author has never had any experience with the operation, and only worked it out on the dead body, he is unable to tell what practical merit it possesses.

It would seem that the more judicious and just course for the surgeon to pursue toward his patient would be to rather acquaint himself with those methods which have stood the test of time than to institute experiments which serve no other purpose than to give their author an evanescent notoriety.

But hernial operations should always be discouraged in easily trussable cases, and be reserved only for those which threaten strangulation, or are so complicated that a truss will not control them and there is a tendency to a steady increase in their volume.

THE ILL-EFFECTS OF IMPURE TINCTURE OF IODINE.

A patient, who was painted on the chest with a "tincture," together with her attendants, and even some persons at a distance from the patient, were seized soon after with dyspnea, suffocation, weeping, conjunctivitis, rhinitis and tracheo-bronchitis to such an extent, that it was necessary to open the windows to obtain relief. The local pain caused by the application was severe, but the reaction was slight, as the tincture evaporates so rapidly. It was found that for economy the drug had been prepared with a part of wood alcohol.

—Guermonprez and Augier. Societe Anatomo-Clinique, of Lille, and Bulletin Medical, No. 70, 1893.

Obituary.

DR. OLIVER WENDELL HOLMES.

Without the semblance of a struggle or a pain Dr. Oliver Wendell Holmes passed away as he had lived, peacefully and beautifully, at noon October 7. He closed his eyes wearily and seemed to fall asleep, as indeed he did—the sleep of death, at which the whole world will mourn. For several years he had been a sufferer from asthma, and the day after his return to Boston from Beverly he had a particularly severe attack of this malady.

It was the beginning of the end. Dr. Holmes never left his bed again, for, while the asthma was conquered, it left him in such a weakened condition that he never rallied.

Gradually and calmly he approached the dark river. Grandly and peacefully he waited for the end, knowing full well that it was near.

Just north of the common in Cambridge, and overlooking what is perhaps the most interesting spot historically in Massachusetts, stands a curious gambrel-roofed house. It is at least 160 years old. It was used by the committee of safety in 1775, and Benedict Arnold's first commission was made out there. Not far away stands the famous elm under which George Washington took command of the American army. Washington occupied the house for a time. A little later it became the home of Dr. Abiel Holmes, historian of New England, clergyman and author, and in it, on August 29, 1809, was born his famous son, Oliver Wendell Holmes.

While preparing for college at Phillips Andover Academy he made his first attempt at versification, turning the first book of the Aeneid into heroic couplets. In 1829 he was graduated from Harvard. He was poet of the class at commencement, and was one of the 16 chosen into the Phi Beta Kappa society.

His first poem to attract general attention was the famous one on the Constitution.

It stirred the popular heart as did the "Star Spangled Banner." The young poet's fame became national in a month and worldwide soon after. The poem was published in almost every paper in the United States and circulated by thousands in handbills. A universal protest was echoed back from every section and the Constitution was saved.

So far as Dr. Holmes' views on the unseen and unknown can be gathered from his writings he was a philosophic or scientific pantheist, nor does it appear that he ever had any orthodox faith, even in childhood. In the "Autocrat of the Breakfast Table" are found the most pointed of Dr. Holmes' stabs at the clergy, and there he gives offense chiefly by ignoring what is said on the other side as simply beneath notice.

To the direct question, "Do you believe man has an immortal soul?" the most that could be got from him was, "I hope so."

The young graduate had decided, or more likely it has been decided for him, that he was to be a lawyer, and he studied law for one year. During this year he wrote "Evening: By a Tailor," and other popular pieces of humor, then decided against the law and went to Paris as soon as he could afford it, to study medicine. After three years abroad he published his first volume of poems in 1836, the most noted productions in it being "My Aunt" and "The Last Leaf."

In 1839 he was chosen professor of anatomy and physiology at Dartmouth, and in 1840 married Amelia Lee, daughter of Judge Charles Jackson, of the Supreme Court of Massachusetts.

In 1847 Dr. Holmes succeeded Dr. John C. Warren as professor of anatomy and physiology in the medical school at Harvard, and soon after became prominent as a lyceum lecturer. Thence, till 1860, his larger works appeared in rapid succession, works on literature and medicine alternating.

The zenith of his power was attained in his contributions to the Atlantic Monthly for the first three or four years of its existence—1857 to 1861. The most popular of all his productions, the one which secured him the title by which he is best known, "The Autocrat of the Breakfast Table," appeared as a serial in the first numbers of The Atlantic, and its advent was an era in literature. The "Professor at the Breakfast Table" followed, and then "The Professor's Story," which appeared in book form as "Elsie Venner; A Tale of Destiny." He continued to give the public new works occasionally till in 1887, when "Our Hundred Days in Europe" appeared. Several of his poems have given the public popular phrases of almost universal use, such as "The Wonderful One Hoss Shay," for instance.

Surgery.

Under the charge of T. H. Manley, M. D, 115 W. 49th St., New York.

THE CAUSE OF PAIN IN UTERINE FIBROMYOMA.

Quenu (Gaz. Med. de Paris, 1893, No. 48) attributes the pain in fibromyoma to several factors, chief among which is pressure of tumor upon the sacral plexus, especially if it is impacted in the pelvis, or upon the lumbar plexus when it extends upward into the abdominal cavity, or is freely movable. Severe pains are also referable to pressure of the tumor upon the ovary, when the latter is healthy. Irritation of the peritoneum, especially in Douglass' pouch, may cause pain, even when there is no peritonitis. Inflammation of the growth itself, of its serous covering, and of the tubes and ovaries, are also important factors. Retention of blood within the uterine cavity and infection of the same may readily lead to inflammatory conditions in the tumor, on account of the rich vascular supply of the endometrium and its intimate relation to the fibro-muscular tissue in the broad ligament.

—Am. Jour. Med. Scien.

SYMPHYSEOTOMY.

The conclusions of Morisani, who has tested the operation perseveringly during twenty-eight years, were given at the recent Congress in Rome and are of interest. He believes that clinical experience has full justified the operation, and gives the limits of pelvic contraction in which it is indicated as 6.7 centimetres to 8.8 centimetres. The fetus should be alive, and the operation performed at term, with dilatation advanced. At the present time he does not favor a combination of premature labor with symphyseotomy. The interpubic cartilage may be divided from below upward or from above downward, provided the subpubic ligament is surely divided. The subsequent use of forceps is useful, but not indispensable. To secure union in the joint it is sufficient to suture the soft parts and fix the pelvic bones with a bandage. He thinks the operation should only be compared with and is always preferable to embryotomy when the fetus is alive, and predicts that it will take the place of the relative Cæsarean section. The supposed advantages of induced labor at the beginning of the ninth month over symphyseotomy at term are debatable. Ischio-pubiotomy, as done by its inventor, Farabeuf, differs from the pubiotomy of Aitken and Galbiatti, and is a valuable operation in Naegele's obliquely contracted pelvis.

The alleged disastrous results of symphyseotomy are to be explained by the operation having been performed below the limit of its indication or at the wrong period of labor, by an improper manner of operating, by previous lesions of the genitals, or by special conditions of the patient. The death of the fetus must be attributed to too long delayed intervention, to faulty methods of extraction, or to accidental circumstances.

—Annales de Gynecol, April, 1894.

ABDOMINAL CONTUSIONS, WITH LESIONS OF THE VISCERA.

M. Vantrin, of Nancy, declares that neither the extent of violence, the pains and local distress, nor the rapidity of sudden symptoms of peritonitis after an abdominal injury will always lead to a correct diagnosis. According to certain authors, the abrupt apparition of peritonitis after shock and a spell of calm generally points to intestinal rupture.

These symptoms should be the signal for prompt surgical interference, it is said by some, but he was not inclined to be precipitate, in spite of this injunction. He recorded two cases of serious abdominal injury; in one, though symptoms of serious internal injury were unmistakable, yet operation was refused, death following. On autopsy, the ileum was found ruptured, nearly completely across, between the cecum and pylorus.

Another similar case was cited, death following.

—Le Mercredi Med. 29, Aout, '94.

OCCLUSION OF THE URETERS.

Robinson (Annals of Surgery, vol. 18, No. 4, October, 1893), believing that many deaths after hysterectomy may be due to ligature of the ureters, and that such an accident occurs three times in every 100 cases of this operation, has made a series of experiments on dogs, from which he draws the following conclusions: (1) Complete occlusion of the ureter produces atrophy of the kidney, and partial occlusion hydronephrosis; (2) after weeks of complete obstruction the kidney will resume secretion; (3) urine secretes until its pressure is higher than blood pressure; (4) the ligature may sever the ureter and cause urinary fistula, or the ligature may yield a little; (5) divided ureters should not be put into the small bowel; (6) ligature of one ureter does not cause suppression in the other kidney. Man has double the amount of kidney required for ordinary use; but when an emergency arises he needs both kidneys, and a man with one kidney is apt to die of pneumonia or other acute diseases.

LAIRE: CHOLECYSTENTEROSTOMY; A NEW APPROXIMATION BUTTON.

A case is reported in which cholecystotomy was done and a large gall-stone removed, the gall-bladder being stitched to the abdominal wall. Four or five weeks later a cholecystenterostomy was done, a small Murphy button being used for that purpose.

After a review of the subject of intestinal anastomosis the author states that the objections made by Senn and others to the Murphy button in gastro-enterostomy and lateral anastomosis, as allowing of too small an opening in such operations, led him to devise a new button. This operates on the principle of the Murphy button, but can be made of any desired shape or size. The approximating power is furnished by rubber bands. These long oval plates would leave an opening three inches in length. Rubber bands will remain in contact with the gastric juices for several days without undergoing any material change, and will retain their elasticity. They may be made from ivory, walrus tusks, horn, bone and hard rubber. If, instead of being hollow and sharp, the edges of the button be cut flat, and the bone partly decalcified, they can be used on the principle of the Senn plates, as splints, without requiring sutures to keep the serous coats in contact.

—Matthew's Quarterly.

CHANGE OF EDITORS.

Dr. William B. Outten, the well-known chief surgeon of the Missouri Pacific Railroad, succeeds Dr. R. Harvey Reed as editor of the Railway Surgeon.

Dr. Outten is well and widely known not only a respected citizen of St. Louis and a distinguished surgeon of the Southwest, but as one who wields a fearless, trenchant pen, a generous contributor to surgical literature, a pioneer in railway surgery, and one that stands for all that is in the best interests of the medical profession. We wish him a prosperous career in his arduous undertaking, and bespeak for the new journal renewed prosperity and thrift.

The National Association of Railway Surgeons embraces in its membership many of the most eminent members of our profession as well as the plain, steady plodder in the ranks. It is an aggregation without degrees or grades; is thoroughly American and thoroughly democratic. Its scope is large and its purposes broad, but the road to advancement in it is by the narrow road of merit.

As we have said before the Railway Surgeon is the only "out-and-out" American surgical journal in this country; will be ably edited and its columns will be abundantly filled by contributions of loyal members ready and willing to aid Dr. Outten in making this the leading expounder of surgical thought in this vast country of ours.

ETHER AS AN ANESTHETIC.

In Upsala Lakareforenings Forhandlingar, Doctor Soderbaum declares against the exclusive use of chloroform. In 70 out of 113 cases he found that it required less than five ounces of ether to produce narcosis, and in children an average of less than 14 drachms—no children under one year were anesthetized. In rare cases where more than three ounces of ether had been administered and the patient was still agitated, and likewise in some operations upon the mouth and face, he had resourse to choloroform. On the other hand, patients with compensatory diseases of the heart were allowed to inhale ether without any fear.

Miscellany.

PREGNANCY AT THE AGE OF 59.

In the Gazette de Gynecologie, Doctor Depasse reports an aged-looking lady with white hair, supposed to be suffering from a large uterine fibroid, whom a careful examination proved to be pregnant. She was confined of a boy at the full term, and was able to nurse him; she weaned her son on her 60th birthday. She was a widow and had a married daughter aged 40. The age was verified by a certificate of birth. Such late pregnancies are extremly rare.

NOT A BAD DEFINITION!

A London (England) daily explains the term "exploratory incision," as "quarrying into a patient on the chance of discovering some disease in an internal organ which is curable by its removal."

—Med. Age.

ICTHYOL IN PROSTATITIS.

This substance introduced into the rectum by injection or suppository has proved very beneficial in prostatic inflammation. Amelioration of the symptoms quickly occurs, pain during defecation, urinary uneasiness, etc., disappear, and the gland returns to its normal condition. The suppositories contain about 5 grains Icthyol, and one is used night and morning.

—Rev. Medicale.

DRUG CRAVING IN GLASGOW.

The practice of indulging in drugs, if we are to believe the statements of a correspondent to the North British Mail, is largely on the increase in Glasgow. This habit, as one might expect, is more common in the case of opium than of any other of the druggist's wares. Other narcotics in common demand are chloral, chlorodyne and various alkaloids. It is rather surprising to hear that quinine is consumed in this way in enormous quantities, and that arsenic is in great demand amongst young ladies who desire to improve their complexion. The writer states that he recently saw a lady purchase 2s. 6d. worth of laudanum at a fashionable chemist's in Glasgow, and the shopman assured him that "that was nothing." There can be no doubt that something further should be done to regulate the sale of poisonous drugs. At present it is open to any one with a little enterprise to purchase arsenic, laudanum, or other deadly poison in sufficient quantity to destroy a number of his fellow-creatures.

—Med. Press and Circular.

The "Annales de Medicine" extols menthol as a specific in vomiting of pregnancy. It is supposed to act as a local anesthetic, and diminish reflex excitability.

SCHOOL CHILDREN AND VACCINATION.

On the 28th ult., Judge Bartlett, of the Brooklyn Supreme Court, handed down a decision regarding the application for mandamuses in two actions, brought through the Anti-Vaccination League to compel school principals to admit pupils who refuse to be vaccinated. In denying the application Judge Bartlett said:

"The avowed purpose of the application is to test the constitutionality of Section 200 of the Public Health law of this State, which provides that no child nor person not vaccinated shall be admitted or received into any of the public schools of the State, and commands the trustees or other officers having the charge, management or control of such schools to cause this prohibition to be enforced. Upon the oral argument I expressed the opinion that this enactment was a valid exercise of the police power of the Legislature, and that view has only been confirmed by an examination of the authorities cited in the briefs of counsel. A common school education, under the existing Constitution of the State of New York, is a privilege rather than a right. It is created by legislation, and subject to legislative regula-

tion. . . It follows that the State can certainly exercise this discretion by debarring from attendance at the public schools such persons as are unwilling to adopt a precaution which, in the judgment of the Legislature, is essential to the preservation of the health of the large body of scholars."

—Journal A. M. A.

MEETING OF AMERICAN ACADEMY OF RAILWAY SURGEONS.

The first meeting of the American Academy of Railway Surgeons, will be held in the parlors of the Grand Pacific Hotel, Chicago, Ill., on Friday and Saturday, November 9 and 10, 1894.

MOTTO.

"The higher the order of railway surgery, the greater protection to the employe, the passenger, and the company."

PROGRAMME.

(Only charter members of the academy admitted.)

Call to order, by chairman Committee on Permanent Organization.

Election of temporary chairman.

Eelction of temporary secretary.

Roll-call of charter members.

Appointment of Committee on Constitution and By-Laws.

Address—The Objects and Aims of the American Academy of Railway Surgery, by C. K. Cole, M. D.

Address—Reasons for the Organization of the Academy, by W. J. Galbraith, A. M., M. D.

A symposium of permanent organization, by R. Harvey Reed, M. D.

Opening of the discussion on Nos. 5, 6 and 7, by W. H. Elliott, M. D.

Miscellaneous business.

Injuries of the Tendons in Railway Accidents. History and Symptoms. By J. B. Murphy, M. D.

Discussion opened. By W. A. Adams, M. D.

Diagnosis and Prognosis. By W. D. Middleton, M. D.

Discussion opened. By Brise L. Riordan, M. D.

Treatment. By Geo. W. Hogeboom, M. D.

Discussion opened. By Solon Marks, M. D.

Traumatic Neuritis. History, Symptoms and Differential Diagnosis. By A. P. Grinnell, M. D.

Discussion opened. By Charles H. Merz, M. D.

Prognosis and Treatment. By E. A. McGannon.

Discussion opened. By J. H. Ford, M. D.

Treatment of Traumatic Aneurism. By G. S. Worley, M. D.

Discussion opened. By N. Y. Leet, M. D.

Report of Committee on Constitution and By-Laws.

Appointment of Committee on Nominations.

Miscellaneous business.

Should a Railway Surgeon be Required to Procure a History as to the Cause of an Accident over the Signature of the Injured.

Reasons Favoring such Report. By S. L. McCurdy, A. M., M. D.

Discussion opened. By R. W. Bruce Smith, M. D.

Reasons opposing such report. By Geo. Chaffee, M. D.

Discussion opened. By J. M. Dinnen, M. D.

The best Method for Approximately Determining the Amount of Damage Sustained by a Traumatism from a Monetary Standpoint. By R. S. Harnden, M. D.

Discussion opened. By John E. Owens M. D.

The Best Methods for Determining the Value of Life when Death has been caused by Accidental Means. By M. Cavana, M. D.

Discussion opened. By A. D. Bevan, M. D.,

The Inviornments of Railway Surgery. By B. Merrill Ricketts, M. D.

Discussion opened. By C. B. Kibler, M. D.

The Use of Horse Hair in Surgery. By C. M. Daniels, M. D.

Discussion opened. By A. C. Scott, M. D.

Not a case of "Railway Spine." By Webb J. Kelly, M. D.

Discussion opened. By W. B. Rogers, M. D.

Comparative Value of Plaster of Paris and Silicate of Soda as a Dressing for Fractures. By Milton Jay, M. D.

Discussion opened. By C. B. Parker, M. D.

The Treatment of Burns of the Conjunctiva. By D. C. Bryant, M. D.

Discussion opened. By William Thompson, M. D., oculist Pennsylvania Railroad, Philadelphia, Pa. By J. A. White, M. D., consulting oculist S. Railway Company, Richmond, Va.

Traumatism of Joints. By R. H. Cowan, M. D.

Discussion opened. By C. B. Powell, M. D.

Collodion in Solutions of the Continuity of the Soft Parts. By N. A. Drake, M. D.

Discussion opened. By Charles D. Fry, M. D.

Report of Committee on Nominations.

Election of officers.

Selection of next place of meeting.

Miscellaneous business.

Adjournment to the banquet hall.

Banquet.

Adjournment.

TRANSPORTATION.

The managers of the various railroads have very cordially agreed to furnish the necessary transportation to enable the members of the academy to attend the coming meeting. Those who need transportation will apply for the same at once through their proper officers.

Notes by the Wayside.

BY ERNEST B. SANGREE, A. M., M. D.
PHILADELPHIA.

I trust that the young ladies who frequently appear on our streets accompanied by their favorite dogs derive enough pleasure from this companionship to offset the mortifications they are occasionally compelled to endure. Dogs, even of the most Chesterfieldan canine manners, have a way of yielding to the demands of nature the moment the notion strikes them.

In a crowded city this disposition sometimes leads to unpleasant situations. Middle-aged and elderly ladies have gotten well past squeamishness in this respect, and I have often seen one of this class standing calmly and coolly by whilst her little pet deposits a neat stack of fecal matter on the curb. But with the dashing young women and their great big dog companions the scenes occur A few days ago on Chestnut street when it was fullest with promenaders I saw a stylishly dressed young lady, evidently a member of the haut ton, exerting all her strength to drag along by the chain her big dog, who was just as determinately pulling back, bitterly contesting every step. The trouble was the dog wanted to make his water, and at every hitching post, horse block and door step made a desperate attempt to gain the necessary minute's time, whilst his mistress, blushing furiously, advanced slowly along, a target for observation and ill-concealed mirth. And only this afternoon I noticed a haughty looking West Walnut street young woman vainly blowing her whistle for her dog, while he, the filthy fellow, was busily engaged just across the street in an abortive attempt at unholy commerce with one of his own sex.

Personally I have no liking for dogs and would willingly dispense with every one of them. To me they are a nuisance. Especially is this the case at present, as my doorstep is the first conspicuous one in the block and is therefore singled out by every passing canine as a suitable spot for a public urinal. Sometimes there are so many visitors that a stream of this unpleasant liquid trickles across the pavement into the street. I am thinking of asking some cunning mechanic whether he cannot devise for me a piece of apparatus in the shape of a heavy boot, which the moment a dog raises his leg towards my doorstep will spring out and kick him clear across the street.

* * *

Speaking of dogs reminds me of a story I heard the other day, which, as an illustration of youthful depravity, ought to be told. It is of no use for physicians to think people better than they really are, and instances of sexual perversion like this tend to disabuse their minds, if they have any fanciful notions. A friend of mine was out in the country a short time since, and from an accidental concealment he witnessed the following scene: Some little children were playing by a brook. The oldest of them was a good-sized girl of 10, who soon got into a hammock hanging near and called a large dog to her. When he came she pulled up her clothes and put his head against her thighs, and the dog at once began to lick her genitals, as if he were accustomed to the performance. At the same time she let one leg lie out of the hammock and with her foot tickled the animal along the belly, a performance he appeared to relish as much as she did the other. What do you think of this, and she a country girl, too?

A DEFINITION OF MASSAGE.

The prospectus of the "American and Parisian Massage Company, Limited," to which we referred some weeks ago, gives the following grandiloquent but funny definition of massage: "The application of sentient living matter to sentient living matter in multifarious ways." This is certainly a sufficiently comprehensive statement of the field of operations in which the company is to practice, and opens up an unlimited field for imagination as to what it means.

—Med Press.

An English surgeon says that the people who use rocking chairs the most got deaf the soonest. Rocking also hurts the eyes and makes people nearsighted. Moral—English, don't rock.

The Times and Register.

Vol. XXVIII. No. 17. Philadelphia, October 27, 1894. Whole No. 842.

Original.

PHILOSOPHY, RELIGION AND SCIENCE.*

BY HENRY BURCHARD, M. D., PHILA.

Apparently one of the earliest effects of philosophical and scientific study upon the mind of a student is its seeming opposition to what has been instilled into him as his system of theology, or, as he terms it, his religion.

Upon how insecure a basis his belief in this rests is made evident when the primary investigations of philosophy, either scientific or ongotological, make his early convictions totter at the first onset.

Too frequently through such a shock he dismisses much of that he has cherished, and questions the remainder.

That certain portions have been demonstrated fallacious is to him quite enough to invalidate the claims of what is called revealed religion may have as a basis of truth. The very hastiness of this conclusion would be to a trained mind sufficient to cause doubt as to its justice.

The novice in these matters arrives at lame conclusions by the same species of intuition which frequently characterizes the mental operations of ignorant women.

The outcome is some modification of atheism, or at the best crude materialism or a vague agnosticism. Numerous examples might be cited to show this secondary bigotry of atheism to be quite as intolerant as the discarded ideas of theological dogmatists.

Many students enact in their own persons a miniature of the warfare which has always been waged between pronounced dogmatists on the one hand, and advanced thinkers on the other.

The history of the development of his mental processes will reflect throughout its course the general history of the contention which has lived, weak, then vigorous, vigorous then weak, during the past three thousand years.

It is unnecessary here to attempt any extensive or detailed history of this contention. Draper, Lecky, Buckle and others have enlarged as to this matter, and quotations from their works to be sufficient would require a volume in itself.

Should there be curiosity as to details, one will find extensive enough bibliography to satisfy the most exacting.

One should, however, to gain proper comprehension of the subjects involved, have for parallel reading a good history of the Church; say Kurtz's, Schaff's, or even Hurst's, and a sound history of philosophy, or two, Lewes' and Ueberweg's.

The question which immediately concerns and interests us is why should there be strife? Why has it been, and why does it live even to-day?

In this, as in all controversies, we recognize that extremes are rarely in the right. To paraphrase one of Dr. Garretson's sentences: "A man standing with his eye at the periphery of a sphere cannot see around it; most of the boundary is beyond his vision."

The two sets of persons represented frequently place themselves at the extremes of a diameter, and so their true opinions can never meet at all.

There is always a common ground upon which any two contending factions may meet, but the existence of this means does not necessitate that it shall ever be attained. Opposing forces may be

*This address was given before the students of the Philadelphia Dental College as a preparatory lecture to the opening of the Garretsonian Society course.

unfortunately placed in positions of such positivity that all elasticity is lost, each obstinately, rigidly fixing itself in absolute antagonism to the other. There is need of no comment to show how fruitless is such a course.

No one, no faction, can justly lay claim to infallibility, as we are all finite creatures, less than the total finite, any and all are open to error in matters finite, and, therefore, absolutely ignorant as to the infinite.

As to this matter, there is always doubt as to truth and error in the abstract; both are terms of comparison, creations of man's reason. Every question has its antithesis, and it is not always within our means to distinguish what is substance and what shade.

For the purposes of this discourse, we may divide the whole of mankind into two classes, and each class will have all gradations of type in it; this division will be as one or the other of two criteria is taken as a standard of belief, and yet each one in either class has his individual criterion in himself.

These two bases are faith and reason. By common conception these are regarded as the two poles of a bar magnet. Two poles they are, but the influence driving the negative and positive forces apart is not as great as it at times appears; as in the magnet there is a space where we find a blending of the two, this the part farthest removed from the extremes. From this ground of mingling the separation proceeds, until fanaticism is found at one pole and absolute skepticism at the other.

The bending of this bar magnet into a closed ring has been an attempted task from time immemorial.

All systems of philosophy and theology have been subjected to the bending process by their thinking followers.

In theology this has invariably resulted in the formation of two types of belief, one for the vulgar, the other for those of the inner circle. As instancing this, Herodotus more than hints at the gulf separating the spirit of the belief of the higher priests, those of the inner temples, from that of the masses, among the Egyptians and Babylonians.

Plato in the "Apologia" uses words conveying the impression that there is one theology for philosophers, another for the unthinking, the undeveloping. The various degrees and stages of this are made evident to us through the researches of "comparitive mythologists." This, however, indicates a common starting point of both classes or types of belief.

There must have been a time of zero, and the present high temperature of dispute is an outcome of their gradual growth of dissension.

The only solution to be found as to the problem of the why of this must come through psychologic analysis; this involving an examination of the elements underlying belief, which will necessitate the playing of sciolist in a science as yet in its infancy, one in which speculation plays a large part.

We all conceive and concede that man alone possesses the feeling called religion. That is he is the only creature possessing in any degree an abtract something of that nature. Whatever influence Prof. Garner's researches into simian language may have in the future has at present no weight here.

The belief in a something higher or beyond the material creation, a power dominating it, seems to be universal.

Sir John Lubbock believes in the existence of non religious races. Tylor on the contrary says no such races do exist. This is a conflict of great authorities, but the weight of evidence appears to be with Tylor. This belief may perhaps be traced to vanity, for of all characteristics this one vanity is the most general in mankind.

Thus, a man at a time antedating any recognition of systematic reasoning lays plans, in a crude manner, to the extent of his experience (and this is every man's limit); they succeed, and he credits it to his own erudition. The corpulent (I) has done this; but let him fail—it is impossible that so great and wise a creature can err, or as he probably thinks, this should be and is not; ergo, an inimical influence has been at work to thwart him.

A thing or power which can do this is an influence to fear and be propitiated, and he sacrifices to this unseen power. We need not look further than this for the origin of devil worship or the belief in a god to be feared.

Step by step this must progress and be modified until recorded beliefs are found. From the fetish worshiper of Africa to the modern deist; from the

Valhalla of the Norseman to the soul absorption of the Braman, and we have between all phases in a belief in a something higher and beyond the mundane; from the cosmology of the primitive Aryans to the nebular hypothesis; from the idea of the creation of man as held by the American Indian to the theory of natural descent, or the germ plasm—all these attempts to discover cause.

A proper inquiry now is, "What is religion?" Again, "What is philosophy?" Max Muller, quoting from Schleiermacher, gives this as a definition: "Religion is the immediate consciousness of all that is finite within the infinte; of all that is temporal within the eternal."

Spinoza says: "Religion is conscious morality; a morality which in virtue of that consciousness is mindful of its orgin from God." Also, "A love of God founded upon a knowledge of his divine perfections." Rather a contrast this, to a God of Wrath.

A man who could feel thus receives the condemnation and curses of a theological sect which he has discarded, and is made the victim (?) of a form of excommunication savoring strongly of voodooism. This example of theology trampling upon its highest factors does not stand alone. The Church of the Middle Ages and later can furnish many such instances.

Give religion whatever definition we may, it is intrinsically the prompting to a worship of the first cause.

The superstructure built upon this may take or have any form from fetishism to transcendentalism.

Such a superstructure is a "System of Theology." While religion itself, the religious feeling, must be considered as an abstract quality, the force which makes this feeling evident, persists, and sooner or later a believer demands "form for abstraction, and in the building of this arises the science of theology, created, nurtured and modified by man according to his needs.

Religion the spirit; theology the body. Religion bearing the same relation to theology that justice bears to law. Religion persistent, indestructible; theology evanescent—to this there can perhaps be no exception.

Philosophy is literally a love of wisdom. In a system; it is the science which seeks comprehension of the first cause, the ultimate. As understood by the positivism of Comte it is virtually a generalization of the sciences. This remark may also be applied to the synthetic philosophy of Spencer and the cosmic philosophy of Fiske. These are not to be identified with positivism, or for that matter with materialism as the term is generally understood.

We may say that "philosophy bears the same relation to science that cosmology bears to meteorology."

We have thus religion, a desire to worship; philosophy, a desire to comprehend. One is intrinsically suggestive of as much reverence as the other.

In this respect they do not collide; whatever conflict there has been and is is between theological and philosophical systems.

The theologian accepts as his basis of opinion the quality called faith.

The philosophical inquirer draws his conclusions by the means of his reason; this may or may not be unprejudiced.

The class which forms a code of faith is the one always in the majority, the body which comes to rest.

The restless moving class in the constant exercise of faculties lying dormant in former regards the exercise of those faculties as almost the sole purpose of existence.

Regarding the brain as an organ of mind its highest function is the formulation and correlation of thought.

One thought alone and man may not differ from brute creation; his distinguishing feature arises through the co-ordination of these impulses into reason.

This term co-ordination is, to be sure, a comparative one; for what would be a co-ordination in one individual would form but a fraction of the process in another.

This is exemplified in the difference there is between an educated and an uneducated man. Recall at this point Dr. Garretson's distinction between educated and common sense, a matter to which we cannot attach too much weight in comparing conflicting opinions.

A man's individual reason is his individual measure for all questions which confront him; and this is directly dependent upon the extent of his education.

Education of any kind consists of

an increase of the irritability of the nervous system. Whether this be the responses in a musician, artist or artisan, a mathematician or what not, it is resolvable into increased irritability.

From the mental processes of a Helmholtz, to whom is almost obvious the differential calculus, to the Australian savage, who laboriously counts his few numbers, and the difference is in the extent of co-ordination.

The significance of the term reason, therefore, depends upon interchange in and between the cells of the cerebral cortex. As stated in the extent of this each individual is a law unto himself.

So reason may be defined as the co-ordination of thought. Faith is in itself an appeal; an acquiescence in the domination of the emotional faculties. It represents a form of the co-ordination of thought, but in a fixed and limited degree.

Those who subscribe to reason unrestrained are the untheological; those to faith, the theological.

The best of both classes are religionists, and in point of sincerity one is as honest as the other.

We have now to discuss a question of cerebration.

As near as man can get to true stable knowledge should be acquired through a three-fold pyschologic operation. A synthesis, first; second, an analysis; this followed by a second synthesis. It might be demonstrated that psychologically this is the true method.

Viewing the matter as a materialist, one would say certain impressions are made upon a sensitive and retentive medium. These single impulses are gathered one by one as material for the action of the mind. This will correspond to the primary synthesis.

The mutual and voluntary interactions between these impressions and their results; a process of introspective rending into parts until all operation between the thoughts is of the nature of a co-ordination, and this is the analysis.

Third, for the second synthesis. These classified impressions are now built into a tissue possessing continuity, the extent of which tissue depends upon the number and variety of primary impressions.

The scientific world as a body is mainly engaged in process number one; for we recognize the inductive process to be the most valuable; and so followers of the second stage are individuals rather than classes.

Too many in all pursuits never get beyond the primary synthesis. The analysts seem few, but are more numerous than those who take the third step and impress individuality upon their opinions.

One man, living, observing moving in a straight line; another pauses ever and anon, to look back over his journey, and those who describe a circle in their intellectual peregrinations appear to be the exception.

From the days when men blindly worshiped through fear the thunder personified, and all natural phenomena for that matter, to these times of caviling theology, and too often atheistic agnosticism, and by what steps, through what causes, have we had such histories, such results?

It is idle to place philosophy and religion in opposition, as it is but showing the two sides of a shield.

To be continued.

THE THERAPEUTIC ACTION OF TRIONAL.

BY OTTO BAKOFEN.

Inaugural dissertation presented to the University of Freiburg.

Continued from last number.

Experiment II.

Rat terrier, weighing 10,120 gm., received on

June	Gm.
2	0.7
3	0.7
4	0.7
5	0.7
6	1.0
7	1.0
8	1.0
9	1.0
10	2.0
11	2.0
12	2.0
13	2.0
14	2.0
15	2.0
16	2.0
17	2.0
18	3.0 (staggers greatly)
19	3.0 (falls over)
20	Discontinued
21	3.0
22	4.0
23	Died in morning

Total quantity, 33.8 gm.

Experiment III.

White rabbit, weighing 1340 gm.

June	Gm.
2	0.2
3	0.2
4	0.2
5	0.2
6	0.2
7	0.2
8	0.2

9	0.2
10	0.2
11	0.2
12	Discontinued; eats badly
13	0.2
14	0.2
15	0.2
16	0.2
17	0.2
18	0.4
19	0.4
20	0.4
21	0.4
22	0.4
23	0.4
25	0.5
26	Died in morning

Total quantity, 6.3 gm.

Experiment IV.

Black rabbit weighing 1350 gm.

June	Gm.
2	0.2
3	0.2
4	0.2
5	0.2
6	0.2
7	0.2
8	0.2
9	0.2
10	0.2
11	0.2
12	Discontinued
13	0.2
June	Gm.
14	0.2
15	0.2
16	0.2
17	0.2
18	0.4
19	0.4
20	0.4
21	0.4
22	0.4
23	0.4
24	0.4
25	0.5
26	Died in morning

Total quantity, 6.3 gm.

As above mentioned, these experiments showed, even during the first few days, that in animals at least the effect of Trional occurs more rapidly than that of sulfonal; sleep was produced in from 15 to 20 minutes after its administration by means of the stomach tube. In rare instances a half hour elapsed until the occurrence of sleep. Under administration of sulfonal to animals sleep was not usually produced until the end of two and a half hours. The duration of sleep from Trional was on the average one hour longer than that from the use of sulfonal. Habituation to the remedy could not be observed.

These investigations further revealed that it was possible to poison and finally kill animals with Trional, just as Kast has shown in the case of sulfonal. Enormous qantities, however, are required for this purpose in comparison with the doses required to produce sleep in man, and, on the other hand, in comparison with the weight of the animal, it is also necessary to continue its administration for a long time, and to interrupt it only at infrequent intervals, if at all.

When the experiments communicated here were initiated but few clinical observations on the use of Trional had been published. Starting with the assumption that Trional might perhaps provoke hematoporphyrinuria under circumstances similar to those in the case of sulfonal, special attention was directed to the character of the urine and the histological condition of the kidneys. An abnormal constitution of the urine could not be demonstrated during the course of the experiments. With regard to the histological character of the kidneys, I was able to avail myself of the reports on sulfonal by Kast. Under use of Trional also, the kidneys which were examined in every instance showed no lesions, with the exception of a slight hyperemia, and especially no appearance pointing to an obstruction of the glomeruli. No anatomical changes could be demonstrated at the autopsy in the other organs, the brain, the heart, the liver and the gastro-intestinal canal. I therefore coincide with Kast in the conclusion that death results from a paralysis of the central nervous system, but that for this purpose the doses must be much higher than those required to produce the hypnotic action in human beings; and, further, that a long-continued, uninterrupted method of administration is essential.

At any rate the fact that it is possible to poison animals with Trional, although perhaps somewhat more slowly than with sulfonal, should admonish us in the administration of this remedy to avoid the errors and carelessness which characterized the use of sulfonal during the first year of its introduction. This warning appears the more justified at the present time, in view of an observation recently published regarding hematoporphyrinuria after administration of Trional.

E. Schultze (Deutsche med. Wochenschr., 1894, No. 7) reports the case of a lady 59 years old, who suffered from melancholia and especially complained of loss of appetite, constipation and sleeplessness. All hypnotics proved inefficient with the exception of Trional, which was administered from the middle of December to the middle of January in doses of 0.5 to 1.5 gm. in the evening, the total quantity amounting to 24.0 or 25.0 gm. At the end of 1893 the patient's condition became much worse. She took less nourishment than before, and finally refused all food, while an attempt to feed her through the stomach tube also met with failure, because she always forced up the food. The constipation also constantly increased. On the 20th of January death occured, the patient having been taken from the institution two days previously by relatives. The autopsy therefore could not be made, so that the case in many respects is obscure.

A few days before the death of the patient the nurse noted the red color of the urine, and on chemical examination hematoporphyrin was demonstrated. It cannot be doubted that in this case extraordinarily unfavorable conditions were present—an old feeble woman weakened by prolonged loss of appetite and sleeplessness, who finally refused nourishment completely, and was affected with constipation which could not be removed by any therapeutic means; two factors which in the administration of sulfonal also have shown themselves as especially troublesome. In

view of the numerous favorable observations we are therefore inclined to attribute no significance to this case. We believe, however, that, taken in conjunction with the above-mentioned consideration, it should teach us to be cautious in the administration of Trional, to preserve certain intervals of time between the doses, but especially to pay attention to any unfavorable constitutional conditions and disturbances of digestion that may be present.

The end.

A TRIP THROUGH THE SOUTH.

A trip through the Southern States in the early autumn is a pleasure to be enjoyed more in the realization than in the anticipation, and the journey from Philadelphia to Atlanta, Ga., is filled with delightful scenes, localities and surprises, every foot of the way.

At Baltimore we took passage on one of the magnificent steamers of the Old Bay Line, and at 7 P. M., were on our way down the beautiful Chesapeake. The bell summoned the hungry passengers to an elaborate dinner, which was served in the most tempting manner possible. I venture the assertion that there is not a hotel in the land that feeds its guests any better than the passengers are fed on the Old Bay Line of steamers, because it would seem quite impossible to improve upon the cuisine.

The staterooms are equally as delightful as the meals, and the Seven Sleepers could not find a place more conducive to slumber than in the berths of one of them, rocked on the bosom of the deep, and gently fanned by autumnal zephyrs.

Up in the morning by 6 o'clock, and out on deck to catch a sniff of air, purer than can be found in any crowded city, no matter how favorably located. Old Point Comfort and the famous Fortress Monroe are just ahead of us. We touch land here for a few moments, and passengers for these points go ashore, baggage and freight being deposited on the wharf. As we steam away from these historic places the breakfast bell rings and another one of those wonderful meals is thoroughly enjoyed.

At Portsmouth, Va., we begin our long journey by rail to Atlanta, on the cars of the famous Seaboard Air Line.

Wishing to make the entire trip by daylight, and afford ourselves an opportunity to stop off at Southern Pines, the famous health resort, we took the train directly after 9 o'clock, and soon were rapidly borne through the celebrated trucking region of Virginia, where the delicacies which find their way to the tables of the northern cities come springing from the soil as though magic fingers were pushing them through the surface under the dark, rich earth.

Much has been written and said of the inconvenience of travel on Southern railways, and the slow time which the trains make, but this cannot apply to the Seaboard Air Line, for nowhere can one find better accomodations, handsomer coaches, and better train service or faster average speed. The trains on this line are more regularly "on time" than any on which I have traveled through the South. It is a model railroad, and is, unquestionably, the favorite route from the North to the South.

After leaving the trucking region of Virginia, halting every now and then at some thriving little Southern town, we reach the bright tobacco belt of North Carolina, putting one in mind of the tobacco fields of the Connecticut valley, in New England. We pass through the towns of Henderson, Littleton and Franklin, as well as numerous other places of interest to the Northern tourist. Near to Weldon are to be seen traces of the rifle-pits and entrenchments made during the late civil war.

Raleigh is reached about 3.30 P. M., and we were strangely tempted to stop there to look over the city. However, as our plans were made to pass the night at Southern Pines, we could not well interfere with our previous arrangements.

We reached the pine belt, in the wonderful sand hills region of North Carolina shortly after 5 o'clock, and half an hour afterwards were landed at the Southern Pines station. It was now quite dusk when we left the train and wended our way towards the hotel and supper.

This is truly a Northern town in the South. Ten years ago there was nothing of the town excepting a map and a glorious prospect. To-day we were surprised to find it a very delightful place, containing a thrifty population, whose homes are the models of neatness, comfort and hospitality. Four hotels are convenient to the railroad station, each of which

is admirably conducted, while in January the Piney Woods Inn, costing over $100,000, will be open to the ever increasing numbers of winter guests.

What brings so many people to Southern Pines?

If you put this question to one of the residents of the town, or one of the sojourners there, the reply one would invariably receive is that it is because it is one of the healthiest places in the world; and, judging from all appearances, and what competent medical men and others have said on this point, the answer is about correct.

Here are some of the kind words said about Southern Pines:

Dr. A. N. Bell. sanitary expert of New York City:—"I find it difficult to conceive of any other place which so eminently comprehends all the conditions for a winter health resort."

W. Blair Stewart, M. D., instructor in the Philadelphia Medico-Chirurgical College:—"A natural sanitarium; the climate can be highly recommended. Malaria is unknown.

W. C. Wile, A. M., M. D.,LL. D., past surgeon general, G. A. R.:—"Southern Pines has all the qualifications of a genuine health resort."

Howard Van Rensselear, Ph. D., M. D., Editor Medical Annals:—"Particularly valuable for those persons who are run down in health, and especially for those with consuming tuberculosis."

Homeopathic Physician, of Philadelphia, Pa.:—"Prominent physicians have visited the place for investigation and without a single exception say it is the best."

Cincinnati Medical Journal, April, 1894:—"Thousands of Northern invalids have visited the place and many remarkable cures have been effected."

The Prescription, April, 1894:—"It's bound to prove a Mecca for people suffering from pulmonary complaints."

Southern Medical World, Nov., 1893:—"A new winter health resort, * * * the best in the United States."

The Sanitarian, March, 1894:—"In soil and climate Nature seems to have made it an ideal place. The air is dry, balmy, balsamic and ozonic."

New York Polyclinic, March, 1894:—"Situated in the centre of the renowned long-leaf pine belt, famous alike for its elevation, its health-giving, balsamic odors, and its absolute freedom from malaria. There is absolutely no moisture in the atmosphere. The hotels are first-class and reasonable in their charges."

New York World, February, 1892:—"The air is very dry and salubrious."

New York Sun, July 6, 1890:—"The contentment of the people is found in the fact that some members of about two-thirds of the families there have been afflicted, and coming to this place have found health. It is probably the most contented lot of Northern people to be found in the South."

Baltimore Sun, February 9, 1891:—"The enthusiasm with which all these Northern settlers speak of the climate, the country and its possibilities is very striking. As to the benefits to health, there seems to be no manner of doubt. There is but one expression of opinion on that subject."

Harper's Weekly, February 21, 1891:—"Sandy soil and shadowing pines that gave out health and healing whenever the wind moved their branches. Some one adventurous individual discovered this and came down from the North, and when he found himself better wrote to other sufferers, and brought so many of them to the Pines that there was soon a little colony."

New England Medical Monthly:—"One point impressed me at once—the desire to sleep. It was said by the people who were there for their health that the desire for sleep for the first two or three weeks is almost irresistible. Rest, blessed rest, give Nature a chance to get in her fine work."

There is no doubt that the above quotations are made by persons who have been to Southern Pines and know what they were talking about.

The credit for the building up of Southern Pines is due to the intelligent and persistent efforts of Hon. John T. Patrick, who has left nothing undone to make the place a success.

The supper served at the Ozone Hotel was excellent, but we hurried through that we might take a stroll about the town, for we were obliged to take the early morning train for Atlanta. We regretted that we could not look over Mr. Patrick's new town at Pine Bluff, seven miles south of Southern Pines on the same line of railroad. This town is likewise being built up by men from the

North and East, and will soon be a stalwart rival of Southern Pines.

After a good night's rest and a tempting breakfast we boarded the "Atlanta Special" at 10 minutes past 7 o'clock. What a flyer this train is! We glide swiftly through the turpentine forests, past cabin homes, cottages and odd-looking villages. Fifty miles we run without a stop and never at a speed less than 35 miles an hour. On, on we go, past cotton fields, corn fields, farm houses, factories and flag stations. We rumble over bridges and across flashing streams, catching flying glances of the smaller villages as we glide through them.

North Carolina is behind us, and we are in Governor Tillman's State. It would have given us pleasure to have Clinton, Greenwood and Abbeville, walked through the streets of Chester, South Carolina, but we had to content ourselves with a car-window inspection of these places.

After leaving South Carolina a succession of Georgia scenery greets our vision. How different it all is from a railroad journey in the Northern States. Scenery, people, productions and everything is all unlike that of Pennsylvania or New York. One cannot help but enjoy it and instinctively wish to prolong the trip. The day, however, is advancing, and as the sun sinks with glorious splendor behind the western horizon we realize that the train is approaching a large city, and after a few minutes there is a bustling together of bags and satchels, and the trainmen are shouting "All out for Atlanta!"

As with a sigh of regret, and a feeling of greatly increased knowledge of this wonderful country of ours, we alight from the train at the Union Station, realizing that we have actually arrived at the Gate City of the South.

FRANK S. PARSONS.

HEADACHE.

		gram.
R	Zinc phosph..... 3 gr.	.18
	Ext. nucis vom.....10 gr.	.60
	Confect. rosae, q. s.	

M. Ft.—Massa et in pil No. XXX div.
Sig.—One after each meal for nervous headache. (Fordyce Barker.)

		gram.
R	Ethoxycaffeini .....12 gr.	.78
	Sodii salicyl .....15 gr.	1
	Aquae distil. ..... 1 oz.	30

M. Sig.—From a teaspoonful to a tablespoonful, as required. (Dujardin-Beaumetz.)

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GONORRHEA AND MARRIAGE.

The disease gonorrhea probably leads to more serious results in those women who become infected than any other venereal disorder. If women do not chance to lose their lives through its means they are generally subjected to life-long misery from salpingitis or peritonitis. The worst of it is that it is the innocent women, who are led in marriage by men supposed to have been cured of gonorrhea, that often suffer most from these diseases.

We have long been taught to look upon syphilis as the more dreaded of the two major venereal diseases. Possibly, so far as men are concerned, this may still be so considered, but it is not the case with women. Indirectly, as gonorrhea may be traced to men, the same can be said of this disease in them. Latent gonorrhea, supposed to have long

since been cured, will often crop out when venereal excesses are indulged in following marriage, and such will most certainly infect the woman. Indeed, syphilis is curable, but it is doubtful if gonorrhea is ever cured in the male. The question, then, naturally arises: Should men with gonorrhea, or who have ever had gonorrhea, marry?

To this we emphatically answer no!

It is possible that the answer might be qualified to read that no gonorrheal male (from the standpoint that all males who have had gonorrhea may be still infectious, and, hence, are to be considered gonorrheal) should marry a non-gonorrheal woman. This disease cannot be called one which is usually transmitted to offspring, and thus the question of transmitting it to posterity is not to be considered so largely.

Why should innocent women be led into unnecessary suffering by a marriage contract with men who cannot control their passions until the proper time?

TUBERCULAR PERITONITIS.

With this issue we are pleased to be able to present to our readers the latest and fullest contribution on the subject of tubercular peritonitis, treated by surgical measures, yet published. It comes fresh from the pen of one of Russia's rising and most eminent pathologists, and has been translated from the French, almost verbatim, by one of our staff. The author deals with his subject in a most masterly manner; commencing first with its history, then the affection as met with in man, and lastly by an extended series of experiments on animals.

It is most remarkable that this great advance has been started through an accidental discovery.

At first sight it strikes one as remarkable how the mere opening of the abdomen and manipulation of its contents should arrest tubercular changes. Certainly scientists can give us no rational explanation of its modus operandi; yet, after all, it is practically the revival of the old principle of counter-irritation. The modern fledgeling, just from the animal laboratory, with his brain rather overstocked with technical knowledge of genius, may sneer at the actual cautery, the moxa and the fly blister, forsooth, because their action is a mystery to him.

Yet, of all the most valuable agents in therapeutics, there is none which excels counter-irritation. The essence of what good follows electricity is through this principle. Laparotomy for tubercular peritonitis is nothing more than our new application of a very ancient principle.

With the human being who is about to have an "operation" performed, he is influenced by another element, no doubt potent as an accessory factor; viz.: by hope, by physical impressions.

In cases of localized peritonitis, in patients otherwise fairly healthy, there can be no question but there is a large field for the new operation; though in the adult, when the disease is generalized, it is scarcely probable that it will accomplish any benefit, or should be practiced at all.

Book Notes.

ASEPTIC-SURGICAL TECHNIQUE. By Hunter Robb, M. D. Published by Lippincott & Co., Philadelphia, Pa.

The author of this work has brought his subject well up to the latest and most approved methods and accepted ideas of the time.

We entirely agree with him that in the last ten years operative surgery has undergone a revolution through the introduction of antiseptics.

Antiseptics which held the field until the past few years, and the claims of which were forcibly pressed on the profession by Gerster and others, he practically discards.

But his multiplicity of technique and minutiae for detail in preparation for operation—the canvas breeches, buckskin slippers, and rubber gloves, in his ideal of asepsis—are as absurd as they are totally needless.

There is considerable about the varieties of bacteria and theories of infection as it applies to gynecology, but little is said under the head of general surgery.

The volume bears the impress of the young laboratory enthusiast, whose ideas and views have not yet been leavened by those years of experience so necessary to temper the ardor of those who think they have found the philosopher's stone, and believe that a past generation of surgeons were little more than rather stupid old fogies.

The cuts in the book are excellent, but it does not seem clear what purpose they serve, other than to exhibit the gynecological department of the Johns Hopkins Hospital.

The monograph, like all the typographical yield from the house of its publishers, in work of the compositor, printer and binder are of the best quality.

MORPHINISM IN MEDICAL MEN. By J. B. Mattison, M. D. Reprint from the Journal American Medical Association.

This monograph by Dr. J. B. Mathison, on "Morphinism in Medical Men," is very interesting and conveys some unfortunate truths. To the question as to why so large a proportion of physicians become addicted to morphia he answers that it depends on various factors, as, wear and tear, neuralgia, experimenting with the drug, an inclination to disregard its rapid effects in the formation of habit, and the resulting slavery to it which is so difficult to overcome, since it saps the will power of the subject. He sounds a warning against the indiscriminate use of the drug, which it would be well for all to heed.

E. W. B.

HOME TREATMENT FOR CATARRHS AND COLDS. By Leonard A. Dessar, M. D. Published by the New York Publishing Company, New York.

This monograph is intended to inform the public how they should care for themselves to prevent chronic and acute inflammatory diseases of the air passages. So far as this intention goes the work is, perhaps, a good one, but in our opinion the author has attempted to instruct the laity in the treatment of diseases where the advice of a good physician is needed. Individual cases differ so greatly as to causative factors in these catarrhal troubles, that without a complete knowledge of medicine, such as the laity do not have, one may fall into serious error in attempting to follow the dictations of such medico-secular works. Without enumerating, there are directions in this little book, which, in the hands of physicians, might be conducive to good results, but which in the hands of the laity would run great danger of doing harm. The topics discussed are of interest to the general reader in view of the prevalence of catarrhal troubles in this country, owing to our variable atmospheric conditions. In simple language, devoid of technical verbiage, the author describes the structure and functions of the nose, throat and ear, the various affections of these organs, their causation and symptoms, prevention and treatment.

LANDMARKS IN GYNECOLOGY. By Byron Robinson, B. S., M. D. Published by Geo. S. Davis, Detroit, Mich. 2 vols. Price 25 cents each.

This work is in two volumes of the Physician's Leisure Library and contains some valuable points relative to the treatment of diseases of women. The author has divided his subject into six "landmarks"—First, Anatomy; second, menstruation; third, labor; fourth, abortion; fifth, gonorrhea; sixth, tumors. Each of these divisions presents a subject of its own for discussion, and which the author has handled in an excellent manner.

SYLLABUS OF LECTURES ON HUMAN EMBRYOLOGY. By Walter Porter Manton, M. D. Published by The F. A. Davis Co., Philadelphia.

This manual on embryology is intended for the medical student and practitioner as a prelimination to the study of obstetrics and gynecology. It is interleaved with blank pages for the purpose of note-taking. Reference foot notes add to the value of this little work. It is admirably adapted to aid students in embryology.

THE MODERN AND HUMANE TREATMENT OF THE MORPHINE DISEASE. By J. B. Mattison, M. D. Reprint from Medical Record, December 23, 1893.

RATIONAL MEDICINE AND CHARLATANRY. By Burnside Foster, M. D. Reprint from Northwestern Lancet, 1894.

BLOODLESS VAGINAL MYOMECTOMY. By Oscar J. Mayer, M. D., San Francisco, Cal. Reprinted from the Journal of the American Medical Association, July 21, 1894.

MASSAGE IN GYNECOLOGY. By Oscar J. Mayer, M. D., San Francisco, Cal. Reprinted from the Journal of the American Medical Association, August 11, 1894.

AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING, 1894. REPORT OF THE COMMITTEE ON CAR SANITATION. By G. P. Conn, M. D., Concord, N. H.

THE BUBO PLAGUE IN CHINA, WITH A BRIEF ACCOUNT OF THE GREAT PLAGUE OF LONDON. By Burnside Foster, M. D. Reprinted from the Journal of the American Medical Association, September 22, 1894.

SPINDLE-CELL SARCOMA AND EPITHELIOMA; A REPORT OF CASES. By W. Blair Stewart, A. M., M. D. Reprint from the American Medico-Surgical Bulletin, September 1, 1894.

Surgery.

Under the charge of T. H. MANLEY, M. D, 115 W. 49th St., New York.

EXPERIMENTAL RESEARCH ON THE INFLUENCE OF LAPAROTOMY ON TUBERCULAR PERITONITIS.

Par M. C. Dr. N. Stehegoleff, de St. Petersburg. Archives de Medicine, Experimentale et D'Anatomie Pathologicale, Sept., '94.)

Since the grand epoch of Lister's great discovery, surgery has entered on a new era, and we daily see now cases assigned to the surgeon which formerly belonged to the domain of medicine. Among the most important advances in this direction we must place the surgical procedure for the treatment of tubercular peritonitis.

This malady we as often witness in the adult as in the child. With children M. Berthez et Rilliet saw it the most frequently between the ages of 8 and 10 years, males being more often affected than girls. We find in their statistics 86 cases—53 boys and 33 girls.

Philip, in 2230 autopsies in adults, found 107 cases of tubercular peritonitis, a proportion of about 4 per 100. (After Priban, 4-7, p. 100.)

Prognosis of tubercular peritonitis formerly was very grave, except with the ascitic variety, which was tested by repeated punctures.

But our predictions have been vastly changed since operative treatment has been introduced.

The first intervention was accidental, by a gynecologist, who committed an error in diagnosis. In 96 cases operated on for tubercular peritonitis, 30 had been diagnosed ovarian tumors.

The first classical cure of this condition was effected by Spencer Wells, who dertaken for this malady was by Konig, who may be regarded as the veritable promoter and propagator of operative treatment of peritonitis.

The great success attending his operations encouraged others to imitate him, and in a short time the operation had become a recognize procedure.

In 1890 Konig reported 131 cases. In 1891, Adelbert, in his thesis, gave the details of 322 observations, to which, if we add those of Roersch and Conitzer, we have a total of 379 cases of tubercular peritonitis treated by laparotomy. Truc in 1886 had 11 cases treated by operation, 9 successes and 2 deaths. Kummel in 30 cases had 2 deaths. Mourange in 100 cases had 40 definite cures. Konig had 85 per cent. of permanent cures. In Well's case his patient was well 25 years after operation. Schilucking, 15 years; Petri, 14 years; Stellwag, 12 years; Gerney, 11 years and a considerable number of 8, 7 and 6 years.

In 358 cases collected by Roesch there were 83 deaths, 33 caused by operation, 51 died from 8 months to a year after surgical treatment.

It may be said that the majority were cured; some relapsed and others sank under operation. A certain number of authors refuse to see any good grounds for surgical treatment in these cases cyst, when he came on an encysted peritonitis of a tubercular character.

The first operation systematically un- and deny them a place in legitimate undertook to operate on an ovarian medicine.

Prochornik believed that most of these cases were chronic inflammations of a genital origin, and were not true tuberculosis. Henock, whose experience was extensive, believed that, inasmuch as the specific bacillus was wanting in many instances, they were simply cases of chronic inflammation. There can be no doubt that in not a few the inflammation is not attributable to infection. Nevertheless, that cure does occur by laparotomy when every species of medicine fails cannot be denied. Keetley and Schede, who both found it necessary to operate for hernia after these laparotomies, discovered when the peritoneum is so opened masses of fungating tuberculous matter resorbed, and nothing remaning, but small, bead-like scars of cicatrical tissue, marking their former site. A similar operation was made by Richelot.

How does the mere operating of the peritoneal cavity lead to salutary changes in these cases which resist medication?

This is not definitely known, though it is supposed that the reactionary inflammation provoked by the trauma is favorable; that the admission of light and air, with manipulation in some manner, lead to a healthy reaction. Thus, Keetley, Le Bec, Ahlfeld, Kirshburg, Holfrukol and others, who have had an opportunity to examine the peritonea of those formerly treated by laparatomy found that enormous masses of nodular tuberculous material had disappeared, to be replaced by dense fibrinous formations.

Kichensky, with a view of determining experimentally the influence of laparotomy on the lower animal, infected the abdomens of goats and rabbits with pure tuberculous cultures.

He found that those on which he later made laparotomies survived longer than the ones he left without such treatment, though they all died. Another experimenter, Gatti, basing his experience on the lower animal, denied that a cure succeeded through new, connective-tissue formation, through fibrous formation, through active phagacytosis, or through an infiltration of round cell formation. With him, the epithelial elements were regarded as the sole agents in slowly but steadily disintegrating and resisting the infected protoplasm of tubercle. Gatti observed that this curative change set in after inflammation without any active inflammatory changes.

Nanotti and Baciocchi had noticed improvement in tuberculous animals after laparotomy, but they made no histological studies in connection therewith.

My own experiments were made exclusively on cats. My aim was to limit the spread of the disease and prevent a generalization of the infection, but in this respect. I have been disappointed for it was found that this animal is extremely susceptible to tubercle. The inoculations were pure cultures from human tuberculosis, made into an emulsion and injected into the animals' abdomens, From 12 to 15 days after inoculation the animals commenced to show signs of serious constitutional disturbances. Now, some of them were narcotized by injecting chloral into the saphenous vein. The abdomens were opened and patches of tuberculous infection, were noted over the omentum and intestine. Every operation was made with vigorous asepsis. As a rule, in five days, the wound would be healed.

I inoculated 22 dogs, of which 10 had been laparotomized. Of the 12 spared operation all were dead before the 34th day.

The tableau of anatomo-pathological changes noted bore a striking resemblance to those witnessed in the acute tuberculosis of the adult man; there was always ascites, a layer of tubercular granules over the omentum; some undergoing caseous degeneration.

The mesentery was equally affected and its ganglia greatly tumified.

Of the 10 animals operated on, six succumbed to general tuberculosis from 16 to 30 days after. Three were killed—one 85 days after operation, one 70 days and one 52 days. The fourth is alive and well yet, four months after.

(Note by translator: The author discusses at length the histological and bacteriological changes noted at each autopsy, giving in full his own speculations on the processes observed). The autopsies made on those animals which had been inoculated, subsequently laparatomized and cured, conclusively prove "that the cat may be cured of tubercular peritonitis when a laparatomy is performed early."

SUMMARY.

First—Tubercular peritonitis in cats may be cured by an early laparotomy.

Second—A cure is only possible when laparotomy is performed early; later it will only produce an amelioration of symptoms.

Third—In the processes of regeneration tuberculous products become infiltrated with the embryonic cells, phagocytes and connective tissue elements. Under certain physical agents reacting processes become more accentuated, the embryonic cell infiltrate provides a barrier against any further spread of the infection. The young elements organize, crowding out the tubercular material and replacing it by a fibrous transformation; the bacillus perishing is resorbed as detritus.

Fourth—It is probable that the curative action of a laparotomy is induced by an ensemble of physical agents. Among those comes first a mechanical traumatism, thoracic influences, penetration of the air and admission of light. Irritation follows with such a degree of inflammation as will result in the resorption of the devitalized tubercle.

Electro-Therapeutics.

Under the Charge of S. H. Monell, M. D., 44 West 46th St., New York.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

Report of fourth annual meeting continued.

The afternoon session opened with an able paper upon the "Physics of Current Distribution," by Mr. W. J. Jenks, M. A. I. E. E. of New York. Although non-therapeutic in character it possessed great practical value and was intently listened to for more than an hour and a half.

The speaker used elaborate diagrams to illustrate the various methods by which electric currents were distributed over great areas in the modern transmission of electric power and light.

Professor A. E. Dolbear, of Tufts College, discussed the physiological effects of the constant current. He said that in the early days of electro-therapeutics no one knew what to expect. Does electricity act differently in a living body from what it does outside of it? He did not think that any relation existed between electric currents and the so-called vital force, but considered the effects of electricity as entirely physical and chemical. We now know that a current of electricity heated the conductor through which it flowed.

We know that it would produce light if the temperature was high enough; that it would bring about chemical decomposition, and that it would produce a magnetic field. These facts were as true for the body as for circuits of metallic wire, and this he thought explained its effects. He did not think that electricity had inherently either curative or destructive qualities, but thought its action depended entirely upon the substance on which it acted. Electricity was not "life" any more than heat is life, but it acts primarily upon molecules. It disturbs their arrangement, shakes them apart and permits a new arrangement of them. Electro-magnetism underlies all chemical action. Since Maxwell's work has been verified, it is probable that all atoms are magnets, for they are all able to set up electro-magnetic veins. This makes it pretty certain that the human body itself is made up of an enormous number of atomic magnets, and that ultimately all the physical and chemical phenomena in it are taking place in electrical and magnetic fields, and that the skill of the electro-therapeutist is properly directed to the fundamental properties of the elements themselves. Functions of all sorts are electro-magnetic in their last analysis. This fact is full of suggestion to the physician who treats functional diseases. Professor Dolbear concluded that "although death might be necessary for the benefit of the human race, it was not necessary for the individual."

Having disposed of the physico-physiological effects, etc., of the galvanic current, the therapeutic portion of the subject was then taken up.

Dr. Massey referred to the misconception of those who regarded electricity as merely a nerve and muscle stimulant, and spoke at length of its great value in catarrhal affections of the uterus and its lining membrane.

He declared that the immense value of the galvanic current in gynecology was an unknown quantity to the great majority of physicians, a fact which is hard to explain, when it is remembered how rapidly new and doubtful methods and remedies are taken up by the profession. Dr. Massey then recited six leading causes of uterine disease and quoted 34 unselected cases, with results of treatment. While not to be over-praised or accorded too wide a range of action, yet it must be admitted that if properly used and its use restricted to proper applications, no other agent could take its place in gynecology. It surpasses in value all topical treatments, such as for years have been routine practice in clinical work. An important contribution to the subject had been sent to the convention by Apostoli, of Paris, and was next read by Dr. A. L. Smith. It was entitled "The Ultimate Results of Conservative Electrical Treatment in Gynecology."

The author maintained his oft-repeated belief that electricity holds the foremost

place in conservative gynecology. The positive and negative poles of the galvanic and faradic currents overcome that great trio of pelvic evils—hemorrhage, amenorrhea and pain. One of the most valuable properties of the galvanic current is its microbicidal action.

In regard to the effect of electricity in uterine fibroids Apostoli stated that conservative treatment sufficed in 90 per cent. of his cases, a conclusion reached after 12 years' observation of over 2000 carefully recorded cases. Electricity, moreover, possessed certain advantages of great value. It rarely harmed and practically never killed a patient. The same could not be said of operative measures. Still further, he asserted as one of the cardinal virtues of electrical treatment that women so treated were placed by it in the best possible functional condition. From the fact that pregnancy so frequently follows recovery from pathological states he did not attempt to draw the conclusion that electricity favors pregnancy, but simply considered it as proof that electricity does not interfere with pregnancy as caustics, amputations and various other methods of treatment do. Bearing directly on this question of pregnancy following recovery under electrical treatment, Apostoli reported 80 cases hitherto unpublished upon which he based the above conclusions. In closing his interesting paper, the author affirmed that intra-uterine galvanism takes front rank in conservative methods because it gives symptomatic relief; because it is sovereign in metritis, endometritis, hemorrhage, etc.; because where it fails to benefit it clears up the diagnosis and opens the way to an operation previously refused; because when sterility is due to disease of the lining membrane of the womb electricity is often efficacious, and, finally, he declared that electricity was not hostile to surgery, but was its ally.

"The Action of Electricity on the Sympathetic" furnished a theme for Dr. A. D. Rockwell. He considered it a subject of exceeding interest. External and percutaneous applications of galvanic and faradic currents failed to substantiate the views held by early investigators as to the effect of electricity upon the sympathetic nervous system. The cause of this failure is apparent. The possibility of influencing the deeper nervous structures by means of surface applications of sufficient strength is materially affected by the idiosyncracies of individual susceptibility. Dr. Rockwell then related his various experiments on rabbits directly upon the cervical sympathetics. His conclusions were also based upon the observations of the effect of treatment in a large number of cases exophthalmic goitre. As this disease was due to a derangement of the sympathetic systems, it seemed proper to credit favorable results of treatment to the action of electricity upon the nerves at fault.

Dr. Robinson next stated that in his experience the power of galvanism over exophthalmic goitre was one of the most satisfactory things in electro-therapeutics. He had seen many cases, and deemed its action as little short of miraculous. He believed it to be little use to attack the thyroid gland directly, as we did not have in these cases a primary disease of the gland to deal with. He thought the main thing was to relieve the terrible nervous condition. To accomplish this he was in the habit of applying the positive pole to the neck, with the negative over the apex of the heart. He had no special theory to explain why he did this, but he found that it gave him good results, and he had adopted it as the most satisfactory method he had tried. He passed 10 milliamperes of the constant current three times a week, initiating the dose very carefully, increasing from zero to 10 ma., and reducing gradually to zero. He exercised great care to avoid any shock. In very nervous cases he limited the application to 5 or 8 minutes. He had found this treatment to surpass all medications, and considered its effects in Graves' disease as one of the triumphs of electro-therapeutics.

Other speakers had not obtained equally good results.

Dr. Beaver had treated a case of spinal neurasthenia by passing the current through the solar plexus. One electrode was placed over the epigastric and the other over the lower dorsal spine. This caused faintness and had to be discontinued. He also cited another case in which galvanism had created sympathetic disturbances.

Dr. Smith reported a case he had seen in Berlin, where he believed that the patient's life was saved by faradic stimulation. The case was one of chloroform narcosis. One electrode was placed on the side of the neck, while with the other single contacts were made at regular intervals to the epigastrium. Each contact caused a deep breath. The process was kept up for several minutes and finally she revived.

Dr. Morton next told of treating exophthalmic goitre by strong induction currents passed through the neck. By increasing the current gradually a very great tolerance can be acquired in a short time.

Four to six weeks of such treatment gave great improvement in many of the symptoms, but not in all. He placed one pole over the gland and the other on the back of the neck.

Galvanism might cause disturbances as others had related, but faradism did not, and did no harm in any case.

Dr. Rockwell favored the use of both currents and all means to relieve. The disease was obdurate, and he welcomed every aid to treatment.

(To be continued.)

Obstetrics.

FIBROIDS AND CONCEPTION, PREGNANCY AND LABOR.

Hofmeier, in a very complete and well-tabulated essay, denies that fibroid disease of the uterus has any direct influence in causing sterility. Statistics do not show that, as has been alleged, subserous myoma predisposes considerably to sterility, whilst polypi and myoma of the cervix have little influence in that direction; nor can it be shown that fibroids promote fertility. These tumors seldom begin to appear till late in sexual life, so that if the patient is barren or a multipara the causes of her sterility or fecundity must have influenced her long before the development of her fibroid. The alleged frequency of this disease in elderly virgins is based on a fallacy. It is the local affection which the most readily drives a spinster to the gynecologist, whilst middle-aged married women trouble less about small and slow-growing abdominal swellings. Women with fibroids who marry late in sexual life are fairly fertile, though Hofmeier can hardly make out cause and effect in this fact. Fibroids by no means strongly predispose to abortion. It seems that this accident happens only when the uterine cavity is rendered unfit to bear through the size and relations of the tumor; nor does fibroid greatly interfere with the uterine contractions during labor. The best time for hysterectomy is not immediately after delivery, but a few weeks or months later.

Zeitscher. f. Geburtsh, u. Gyndnak., vol. xxx, 1894.

THE KIDNEY OF PREGNANCY.

Trantenroth finds that in about half the cases of pregnancy in healthy women, primiparæ or otherwise, a trifling amount of albuminuria is to be detected in the second half of pregnancy. In a minority of cases this symptom is not due to renal changes; in the majority it represents a special morbid condition best termed "the kidney of pregnancy." As a rule this condition involves no symptoms besides changes in the kidney. Eclampsia and oedema are rare. The pregnancy kidney never changes into the kidney of any chronic form of nephritis. There is no true nephritis of pregnancy. Albuminuria is the rule during labor, especially in primiparæ, and casts (usually hyaline) are to be found in almost a third of the cases. In the albuminuria of pregnancy casts are much rarer. The albuminuria of labor is most marked during the period of dilatation, and disappears rapidly during childbed, except when there is fever. Later on, towards the second week, albuminuria usually indicates catarrh of the lower part of the urinary tract. The albuminuria of pregnancy and labor does not render chloroform dangerous. Renal disease existing before pregnancy is greatly aggravated by that condition, often ending in death of the ovum and abortion, after which the disease abates more or less. The causes of pregnancy kidney are the increase of intra-abdominal pressure, changes in the nutrition of the kidney brought about by the altered condition of the blood and, in special cases, obstruction of the left ovarian vein which joins the left renal, and compression of the ureter by the fœtal head. The last two causes apply to the kidney of labor (Geburtsniere), where also septic changes from pieces of fœtal appendages play a part. The degree of the changes which make up the kidney of pregnancy depends on the resisting power of that organ in the individual patient.

Zeitscher. f. Geburtsh, u. Gyndnak., vol. xxx, pt. 1, 1894.

REMARKABLE GROWTH.

The most remarkable instance of rapid growth is said to be recorded by the French Academy in 1729. It was a boy 6 years of age, 5 feet 6 inches in height. At the age of 5 his voice changed, at 6 his beard had grown, and he appeared a man of 30. He possessed great physical strength, and could easily lift to his shoulders and carry bags of grain weighing 200 pounds. His decline was as rapid as his growth. At 8 his hair and beard were gray; at 10 he tottered in his walk, his teeth fell out and his hands became palsied, at 12 he died with every outward sign of extreme old age.

Notes by the Wayside.

BY ERNEST B. SANGREE, A. M., M. D., PHILADELPHIA.

All physicians are acquainted with the widely prevalent belief to the effect that a basin of water under the bed will reduce fever, and doubtless many, when called to see a feverish patient, have noticed under the bed the basin of water quietly performing its duty. Perhaps, after all, there may be a slight foundation for this ancient belief, as I have lately read an article advocating a basin of water in the sick room as a nerve sedative.

If the moisture from the evaporating water calms irritated nerves, it may also assist in lessening the discomfort of the fever patient, even if it does not abate his fever.

* * *

Some physicians, and especially the younger ones, are so anxious to see their names over therapeutic discoveries or innovations that occasionally their discoveries border on the ludicrous. Now I think arsenite of copper is a good medium for certain forms of diarrhea, but I doubt very much whether it will cure fits.

The young Aesculapius I allude to gave minute doses of this preparation to one child with whooping-cough, and as the child got better, arsenite of copper is put down as good for whooping-cough.

He also gave it to sixteen women with after-pains, and as they all recovered, arsenite of copper is labeled as a good antispasmodic for after-pains. In dysmenorrhea he gives arsenite of copper in connection with tincture of pulsatilla, and when the patient is relieved, he traces it to the copper.

Tincture of pulsatilla is an excellent remedy for dysmenorrhea and is often given alone with good result, so I am inclined to think his success will be as great if the next time he leaves out the copper.

* * *

Adding a new medicine to an old and tried one and then ascribing the cure to the first reminds me of an experience with an old farmer some years ago. I was out at his farm house overnight, and at supper he ate with many misgivings and doubtful words and shakes of the head his first dish of oatmeal.

Just before retiring he also consumed an entire big country mince pie. That night he slept but fitfully, saw strange visions and rode wild nightmares, and at breakfast next morning he said: "I'll be dog-goned if I'll eat any more of that there oatmeal. Do you know the blamed stuff kept me awake all night?"

* * *

What do our "gentle readers" think of the following advertisement? It is a verbatim reproduction of the label that I saw on each of a number of large bottles of water in the show window of a Lombard street colored herb doctor:

"COLEMANVILLE MINERAL SPRINGS.

CARVING WATER.

Spring No. 7 contains 18 grains of Alabaster to the gallon and other minerals.

It is known as a cure for malaria, Fevers, Bladder troubles, Female complaints and catarrh by drawing the water through the nostrils into the head.

It cures sores and Sore Feet."

What "carving" water is I am sure I do not know, and what good "alabaster" could possibly be in those various complaints is again a "poser."

* * *

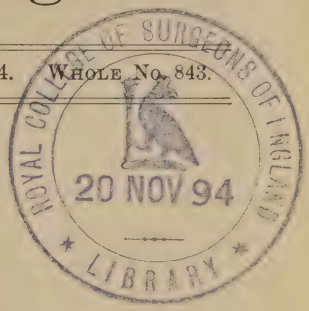
The Czar's attendant physician, I read, is named "Dr. Popoff." There may be nothing in a name, yet at the same time if I were as ill as the Czar is said to be I should send for a man with a less suggestive cognomen.

Physicians' carriages have the right of way in Berlin.

A few years ago Dr. Holmes was asked if he knew anything of an alleged experiment before the French Academy of Medicine demonstrating that the ten-trillionth part of a drop of septicemic poison would destroy the life of a guinea pig, it having been publicly argued in Boston that this proved the potency of infinitesimal doses of medicine. Dr. Holmes added in a postscript to his note of reply: "The argument from the effect of animal poisons in small quantities to medicinal substances in general is like saying that because a spark will burn down a city a mutton-chop will feed an army."

The Times and Register.

Vol. XXVIII. No. 18. Philadelphia, November 3, 1894. Whole No. 843.



Original.

COCAINE POISONING.

J. B. MATTISON, M. D.

Medical Director, Brooklyn Home for Habitues.

It is "ancient history"—more or less—since the writer began to present the record of toxic effects from cocaine. During the nearly nine years past dozens of deaths and hundreds of non-fatal cases from untoward effect of this drug have been put before the profession, so that one is at a loss to know whether he, who—at this late day—says, "It has hardly been reasonable to call it a poison in any ordinary quantity," is ignorant of this toxemia, or is blinded by a feeling in its favor that prompts him to question this fact and prevents him counseling that caution in its use which prudence undoubtedly demands.

A Boston oculist—Dr. J. A. Tenney—writing recently in this journal about "Mishaps With Cocaine," used the language we have quoted, and in so doing may have intended to limit his statement regarding its non-toxic effect to his special field. If so, he might better have been more explicit, for it surely was not wise to disclaim, in a general way, its power as a poison—for poison it truly is.

In November, 1886, at a meeting of the New York Neurological Society, Dr. William A. Hammond, speaking of cocaine, said "he did not believe any dose that could be taken was dangerous." Before that meeting ended the writer challenged such a dangerous statement, and warned the members against accepting it; and, during the next year, presented such convincing proof that Hammond was wrong as to impel the British Medical Journal to assert editorially: "If it were needful to produce more proof of the unsoundness of Dr. Hammond's statement, Dr. Mattison has effectually done this."

Dr. Hammond has lived to see the day that he regrets, quite likely, having expressed such dangerous doctrine. He certainly has admitted his error, for in discussing my paper on "Cocaine Inebriety,"—read before the District of Columbia Medical Society, Washington, Christmas eve, 1891—he frankly confessed that he was wrong, and avowed that he had nearly killed a patient with cocaine!

No one can tell what mischief went in the wake of his expressed disbelief in the toxic power of this drug. Had it come from some obscure practitioner, it would have passed almost unnoted; but with the weight of such authority as Hammond's professional prominence gave it it was all the more dangerous.

The first lethal cocaine poisoning was due to the hapless surgeon's reliance on its asserted use in large amount without harm. This case had a doubly tragic ending, for not only did it cost the life of the patient—a young woman—but the unhappy doctor, overcome by regret or remorse, committed felo-de-se!

What the outcome, fatal or non-fatal—all unrecorded it may be—of a like reliance on Dr. Hammond's statement?

Dr. Tenney seems to think that the taking of 18 grains of cocaine, subcutaneously, in three doses at short intervals, without death—which was Hammond's

*Read before the Kings Co. Med. Soc., Oct. 16, 1894.

claim—proves it "hardly reasonable to call cocaine a poison." It proves nothing of the sort. It simply proves an exception to a rule—just such as obtains along numberless other lines, and, in view of what history has since given us concerning cocaine poisoning, it proves that it was a foolhardy affair, for it might have cost the venturer his life. Many a man, less a Hercules than Hammond, would have been promptly "gathered to his fathers!"

There is little question that the earliest reports on cocaine roused a fervor in its favor that led more than one to commend it with a zeal not tempered by that caution which prudence demands. Others, while not lauding it unduly, were inclined to disparage the warning note that early was sounded against it. I well recall a member of the Neourological Society who expressed himself as much pleased with Dr. Hammond's assertion regarding the non-harmful nature of cocaine, as one likely to lessen an unfounded prejudice against a valuable drug.

With the deadly record that has since been presented, it is quite probable that member Leonard Corning has changed his opinion, for he must now know the expressed fear of cocaine had a foundation on fact.

History has repeated itself along lethal lines as regards cocaine so often that it really seems surprising any one, at this day, should question its power for harm.

It may not be known that cocaine has killed in smaller doses than morphine—but that is a fact. It may not be known that cocaine has killed in shorter time than morphine—but that is a fact.

Last autumn I reported for the first time, through the courtesy of Dr. Geo. B. Cushing, now of Wheeling, W. Va., this case: Strong man walked into Bellevue Hospital, suffering from urine retention. Catheter disclosed stricture. One drachm of a 4 per cent. solution of cocaine was thrown in urethra. Almost at once patient became greatly excited, and in a few seconds went into convulsions so violent that it required the combined strength of doctor and nurse to hold him on table. Amyl was promptly used; no reaction; in four minutes man was dead.

This case—for which I thank Dr. J. E. Lumbard, New York city—is now first reported: Man, age 25, entered Manhattan Hospital, complaining of two days' urine retention. Catheter revealed traumatic stricture, due to a 2½-inch sewing needle put in urethra by chum during a drunken frolic. Twenty minims of a 4 per cent. cocaine solution were injected in urethra. Immediately patient went into convulsions, and, despite every effort, died.

Autopsy in each case showed intense lung congestion.

Very recently two deaths from cocaine, within a fortnight of each other, have been noted, and are now first reported.

On the last day of last month a young woman visited a "complexion artist"—so-called—in Chicago, to have a facial blemish removed. Sham electricity was used, it being really a dummy battery, one sponge of which, saturated with a strong solution of carbolic acid, was applied to the affected part, with the result of causing great pain. To relieve this a 4 per cent. solution of cocaine was freely applied. In a few minutes the woman became excited, said she felt strange, walked to a window and fell dead. No autopsy.

Four days ago—Friday last—a man, aged 26, entered the office of a Jersey City physician to be operated on for rectal fistula. Twenty minims of a 4 per cent. cocaine solution were injected for local anesthesia. No effect ensuing, in 10 minutes 20 minims more were injected. In three minutes the man became unconscious and convulsed. One minute later he was dead. No autopsy.

The evidence to prove cocaine a poison is now so ample that no excuse will avail to exonerate the doctor, who, not heeding the lesson taught by the gruesome record, fails to use it with the care its toxic energy demands.

It is a drug peerless for good in certain conditions, but its power for ill must never be lost sight of if one would conserve the best interests of those on whom it may seem wise to use it.

Prospect Place, near Prospect Park.

PHILOSOPHY, RELIGION AND SCIENCE.

BY HENRY BURCHARD, M. D., PHILA.

Continued from last number.

Science records orderly manifestations which it calls "Laws of Nature," and concerns itself no farther than such generalizations form a chain. It is, there-

fore, manifestly unjust for theologians to attack science, as the latter does not pretend to touch theological questions proper.

That religion is the elder sister to her inquisitive relative, philosophy, we may well believe, for effects are more palpable than causes, and effects without apparent causes are by the uninitiated attributed to occult agency.

If we find such observation true to-day, in the midst of our civilization, how more impressive would the same effect be to the mind of a savage!

The stability of belief represented by the element of faith is not satisfactory to all. Psychical process in some cannot be checked, and man will look beyond a present position.

Does he grow? so do his aspirations, his beliefs. The same force within him which produces wonder, impels him to farther search.

It becomes now, not, is there a God? but what is God? This is the search, for first cause, and the various systems of reasoning tending to that end have been the many systems of philosophy which have been born, grown and sunken into various degrees of decrepitude but immortality!

The ultimate object has always proved elusive, but these various steps of the quest have formed living stones to the (it is hoped) pyramid of human knowledge.

Men to-day as, in fact, they have in all times, fondly flatter themselves that they are in possession of truth greater than the times preceding them could claim. There is some vain reasoning in this. That they have the record of more phenomena; that what is called scientific knowledge has advanced steadily is beyond question, but as regards ontology the ultimate is as far removed as ever; if, in fact, it be not farther, for certainly growing knowledge and wisdom lessen man's idea that he comprises the material universe.

One by one the various systems of philosophy come to the blind wall of the infinite, and there fret themselves to their death in the vain search for a gateway.

Every system has reached a point where exhaustive modification or revolution becomes necessary, inevitable. From these are evolved successors, whose nature is in the main purer, recapitulation removing much of the dross.

At the bases we do not find such apparent difference that the casual observer would note. Chance scanning makes many analogies which in reality do not exist.

Again, primary conceptions have been in spirit so nearly identical that it is questionable how much advance there really has been.

The fundamental basis, however, remains unchanged, and is virtually the same in all.

This is the stable element of theology and philosophy which admits of no disturbing, for reason assails in vain the rock of the inscrutability of the infinite.

The greater the range of thought the more the conviction forces itself upon the instrument of reason that we are but the tools of the infinite.

How many have lived, do live and die in the endeavor to unravel the great mystery!

As Dr. Garretson teaches you, conceptions are as individuals; so a man's conception of the ultimate is a fair measure of the man.

The greater he is, the more embracing and farther removed becomes the first cause.

The intellectual gulf there is between the anthropomorphie conception of the Deity and the idea of God as possessed by the learned philosopher, just that difference is there between human minds.

W. B. Carpenter, in the Bampton lectures for 1887, gives as the three essentials for permanency of a theological system, dependence, fellowship and progress. These three may be applied with equal propriety to philosophy; that is, the philosophy to which it is hoped we will all come, optimism and altruism.

It is not proposed here to review the missionary and non-missionary theologies, as Max Muller distinguishes them, save to state that the non-missionary, Brahmanism, Judaism, Zoroastrianism, tend to become fixed, provincial, the missionary, Buddhism, Christianity and Mohammedism, subjected to change through inevitable contacts and frictions.

One and all they are systems of theology, all based upon a fixity, the principle of religion.

That theological and philosophical teachings have thus far failed in their ultimate objects, is no sufficient reason to declare either worthless. On the contrary they have both been of inestimable worth. The force of their teachings has been the source of all

our present knowledge. As to their utility in their own times, it may be said of systems of philosophy that they have been the origins of some of the best systems of ethics. In some cases this is more than can be said of the fruits of theology in the same countries. In fact, not infrequently systems of philosophy have been substitutive equivalents for faulty theology. Where such a theology has its followers, degenerating into immoralists of low types, philosophy has been a saving force, to provide a clean ethical standard.

Dogmas in all times have served as a moral restraint (often physical) to the classes insusceptible to any emotion save dread. The love of God carried not so much weight as the fear of hell. Dogmatists have stood as watch-dogs, snarling at all attempts to disturb their often pernicious ignorance.

Given the basis of belief, the conviction of the existence of a God, and two individuals stand together. One finds his faith as it is, sufficient for all his needs; he believes, and does not concern himself into an exact inquiry of how or why.

The other speculates, and it is the first step in a circular path, which once entered must be traversed, if good is to come of it.

Lord Bacon, it will be remembered, says: "Ask nothing or ask all," probably having in mind some such idea.

Let him follow this path and if his journey be complete he is brought back to beside his fixed fellow.

The circle may be of any extent; according to its circumference will be his views. In the end he is at rest beside his unwandering, unwondering brother. But the difference between their views; one sees and has seen but what can be viewed from where he stands and has been standing; the other has traversed the circle, knows what can be seen from all its points, and comes to rest, no more the prey to doubt or skepticism.

The spirit of belief in both may be alike, but the whyfores are separated by the diameter of the circle. One the devotee; the other the attitude of reflectiveness but serenity. It is scarcely possible that a more extended view will not alter primary conceptions, but it does not necessitate that there shall be any change of the basis. From the basis individuals will build superstructures according to individual perceptions.

There is no one who essays the role of inquirer who does not at some time find what he considers error in the theological system in which he has been bred. There can be no greater absurdity than such a one embracing Atheism, simply because he discovers such fallacy. Atheism is in reality without a cause, and that he finds a conceived cause insufficient assuredly does not lessen the necessity of there being a cause; the inquirer has not gone far enough.

The blunder of the Atheistic skeptic frequently lies in the literal acceptance of something capable of receiving a more rational interpretation the reverse of his; by this method of his, many statements are construed into self-denials. Such a course is productive of much mischief, but if the student keeps in mind the principle that an Atheist is invariably an insufficiently educated person such men become objects more to be pitied than to receive serious attention.

It is easily perceptible why a philosopher or scientist if attacked by a theologian should use the materials at his command for defense; but it is incomprehensible why one of them should wantonly attack certain elements of belief of the theologians, when the assault is unprovoked. Certainly the office, the function of philosopher, is that of improving the reasoning powers of his pupil; to supply them with means to draw their own deductions.

What will suffice and result from one man's reason will not answer for others, and the teacher in this direction indulges in a work of supererogation when he deserts logic for discourse upon the theological fallacy. The wise teacher permits theological matters to take their own course; he is not concerned with faith, and goes beyond his province or exceeds his office when he attempts a violent substitution of half-formed reason for fully-formed faith.

Time and reason will furnish for each man a type of belief suiting him individually, and any undue haste in the matter is productive of more mischief than good.

Thus both philosophers and theologians have just grounds of complaint against writers like Thomas Paine, Ethan Allen, Robert Ingersoll and others of that ilk.

The first step of teachers should be

an absolute demonstration that a theological system is productive of evil before any attempt is made to overturn it.

The charge of atheism directed against the philosophy of evolution is unfounded, untrue and absurd.

Fiske, in his "Cosmic Philosophy," states explicitly that the school does not deny to human consciousness an existence succeeding the dissolution of the material body; that such a statement would transcend the bounds of experience, and beyond this representatives of this school do not go.

Spencer and Fiske, outside the line of direct argument do speculate, and there is an undercurrent diametrically opposed to what is generally called materialism.

As this school represents in philosophy (scientific philosophy) the fin de siecle, it will be seen how undeserving it is of the opprobrium cast upon it by some of the theologians.

We must divorce from this school certain noisy skeptics who have made what is called revealed religion the object and subject of ridicule, and who devote more time to exposing trifling errors of theology than to the true office of a philosopher, the searching for truth for truth's sake, to serve the best interests of humanity.

That such men attach themselves to the tail of philosophy is no more reproach to it than was the Spanish Inquisition a reproach to the spirit of religion. Both are morbid growths to the respective bodies.

To be continued.

Society Reports.

TRI-STATE MEDICAL SOCIETY

of Alabama, Georgia and Tennessee.

(Continued from October 20th)

SECOND DAY.

George R. West read a paper on "Uterine Cancer," in which he apologized for introducing a much-talked subject.

The cause or origin of cancer is unknown.

There is no specific cancer cell.

The diagnosis of uterine cancer cannot be made out early except by the corroboration of many vague symptoms, which are usually neglected.

The treatment is unsatisfactory, as no cure is known. The best method of procedure is the entire removal of the disease by the knife. The treatment to be effective must be undertaken early, and is, therefore, dependent upon an early diagnosis, and this responsibility usually devolves upon the family physician, into whose hands the patient first falls. It is wrong to declare the inoperable cases doomed and refuse them treatment.

Palliative measures of treatment are suggested. The varieties of operative procedures are mentioned, with preference given to vaginal hysterectomy, when the diagnosis is certain.

Much time and labor has been expended in research on the subject, and yet the results are so unsatisfactory that it offers a great field for investigation. There is a cure for cancer, and it must be discovered. Who will be the lucky man?

W. E. B. Davis said that as a rule these cases came to the surgeon too late to remove all the disease. The time for the operation is in the early stage. We cannot be sure that the trouble is confined to the cervix, so that total removal is generally indicated. The microscope, in proper hands, is a valuable aid to diagnosis.

J. M. Mathews said that hysterectomy was not in his line, but cancer was in the line of every surgeon. Cancer is a disease which requires great care in diagnosis. There were cases operated on which should be let alone. He advised that to quiet pain, opium should be used, where pain is a factor in the case. He had five cases in which a mistaken diagnosis of carcinoma was made by competent microscopists. He would rather rely on the clinical history.

John A. Wyeth said that the hope of the profession lay in early diagnosis. This is the secret of success. Operation is simple at that time, and successful. Cancer is a local disease, the result of irritation. When in doubt it is best to operate.

W. G. Bogart believed the early diagnosis of cancer to be of great importance. In fact, upon the early diagnosis depends our good results. He insisted upon a more thorough study of our cases. Morphia in these cases was to be used sufficiently to overcome pain. We should not neglect to have a microscopical examination made, to confirm the general and physical signs we have already had to make us suspect cancer.

G. W. Drake thought we should depend on the microscope for the diagnosis. The trouble may be with the microscopist. When in doubt, he would send the case to one who had a large experience with the microscope.

J. B. Cowan asked if the fault was not with the general practitioner, in that the diagnosis was not made early? He understood that microscopy was a fixed science. The trouble was with the man who handled the instrument.

A. R. Robinson said that the trouble often was with the specimen, which was not properly prepared, and often included only some curetted material. As a rule, the microscopist, if of sufficient experience, could make the diagnosis. He believed the disease to be infectious.

G. R. West said that he believed in

relieving pain. He wrote the paper because so many cases presented themselves too late for operation.

W. E. B. Davis read a paper on "The Treatment of Stone in the Kidney," in which he pointed out the methods of diagnosis, and dealt with the technique of operating for the relief of the condition produced by stone. He usually makes incision in lumbar region, but if tumor is too large to be removed through this incision, extends it toward the median line. He was working on an instrument by which the urine could be collected from each ureter separately without catheterization of the ureters. He reported a case resembling stone in the kidney, which was due to ectopic gestation. A nephrotomy should be performed rather than a nephrectomy, if there is much healthy kidney tissue .

John A. Wyeth said: "The only way to determine the diagnosis was by an incision, as the author recommended. He sometimes made a T-shaped incision, as it gave more room.

J. McFadden Gaston reported a case where he had operated for abscess and had found stones impacted in the ureters.

Dr. Davis said that where there was stone in the ureter, it could best be removed by two incisions, one anteriorly to determine location and the other behind for its removal. He thought harm would come from the frequent catheterization of the ureters.

A. R. Robinson read a paper, "The Importance of Early Treatment in Cutaneous Cancer," illustrating the subject with diagrams. The earlier the treatment, the less tissue to be removed and the greater the chances of cure. The superficial discoid form may disappear, may grow very slowly, or may grow rapidly, and all should be operated on. The papillary may begin as a wart or mole, or may be secondary to the superficial discoid. Early treatment is more strongly called for. The deep-seated or nodular should be diagnosed early and removed. It first appears as a small, hard nodule under the skin, gradually increasing in size. The deep tissue should be removed.

M. B. Hutchins advocated the removal of every suspicious growth, for we could not tell which would be dangerous.

John A. Wyeth said that he would not rely on the knife alone, but used caustics. In the nodular form he would not begin with the paste. He related a case removed by incision three times, and recovery took place after the use of Marsden's paste. In another case, cure took place after an attack of erysipelas. He believed the disease due to a germ, and that a cure would be found.

J. McF. Gaston related a recent case of large epithelioma on the face removed by the electro cautery.

J. B. Cowan said that the idea of non-interference pervaded not only the laity but also the profession.

P. L. Brouillette related a case of epithelioma of twenty-five years' growth which he removed. He emphasized the necessity of early treatment.

Dr. A. R. Robinson did not recognize a recurrence in these cases. It was generally a reappearance.

On motion, an invitation to attend an operation by Dr. Wyeth, at 9 A. M. tomorrow at the Southern Medical College, was accepted—the society to meet immediately after.

John A. Wyeth read a paper on "A Report of Some Rare Surgical Lessons Connected With the Liver," relating cases of the hepatic, cystic and common ducts, also of cancer. The latter cases, cure took place from infection. He believed that superficial cancers can be cured by the erysipelas toxine. In the deep it has not been proven.

W. E. B. Davis said that cases of obstruction of biliary ducts should be operated on rapidly—can't stand long operation. The best method is incision, the insertion of a tube and packing with gauze. Do not take time to sew up duct.

J. McF. Gaston indorsed external drainage, as advocated by Dr. Davis.

AFTERNOON SESSION.

A paper by C. H. Holland on "Treatment of Smallpox" was read by title.

T. Ellis Drewry read a paper on "Burns, and Treatment Thereof," in which he advocated antiseptics. The indications are to allay irritation, reduce pain, prevent sepsis.

W. G. Bogart said that no class of injuries are more serious or difficult to obtain good results from than bad burns.

The steps indicated in the treatment of burns are:

1. Relief of pain.
2. Overcome shock.
3. Dressing injury.

First indication is met with hyperdermic injection of morphia.

2. Strychnia, or alcoholic stimulants.
3. White lead, iodoform with vaseline, etc.

Report of two burns, the result of grasping an electric wire.

F. S. Parsons said that ether was a good remedy to overcome shock. In Boston this is the practice in the hospitals. Recently bovinine has been used in burns of the second degree. The result is that the granulations are made healthy.

Later grafts from the superficial part of the skin were placed over the burn to promote healing. Hard callosities were good for this purpose.

Frank Trester Smith asked how corns would do.

Frank S. Caldwell said that he could answer that:

In the railroad hospital he had used corns. In small burns they used camphor-phenique, but in large burns carbolic acid and olive oil. In one case, where a recent graduate had placed cotton next the burn, he was two years in getting rid of the cotton.

Dr. Drewry related a case in which it took him six months to get rid of a cotton dressing.

J. B. S. Holmes delivered the president's address, "Some Causes Leading to Invalidism in Women." He protested against the amount of work required of girls at schools. The fault lies with

the parents, who want them to graduate at an early age. The system sends cases to the doctor. He suggested that the girl be treated as a boy until the time of menstruation. The mother should inform the daughter of the expected change. She should be taught to keep quiet during the flow three or four years.

Among the causes he mentioned the study of music, high heels, exposure at time of menstruation, infection at child-birth from failure to repair a tear or from applications by the surgeon, gonorrhea.

On motion the thanks of the society were extended the retiring president for his excellent address.

Arthur G. Hobbs read a paper entitled: "Adenoids and Their Treatment with a New Forceps." The means used in treatment are the ring knife of Meyer, the finger which is dangerous on account of the danger of getting material in larynx, Volkman's curette, the gauze, wire loop and forceps, which is the most rational method. He presented an original forceps for the removal of these growths.

J. A. Goggins presented a specimen of extra-uterine pregnancy. The case when first seen was diagnosd as extra-uterine pregnancy, with ruptured sac, but operation was refused until a month later. Abdomen was full of blood. Sac firmly adherent in pelvis, hemorrhage controlled by gauze packing. Death took place 36 hours later.

NIGHT SESSION.

At night the society attended a reception given by the medical profession of Atlanta, at the Captital City Club.

OVER THE ROCKIES.

BY

J. R. CLAUSEN, A. M., M. D.

Our last letter dated from Missoula, Mont., where we were detained by the floods for 17 days. In it we attempted to describe to you this garden spot of the West, which we commended in unqualified terms as a resort for those suffering from nervous prostration and especially those troubled with insomnia.

Now for a word or two about our trip over the world-famed Rockies on our way to the Golden Gate:

We left Missoula early in the morning, congratulating ourselves that we would have an easy and uninterrupted run to Spokane, Wash., but after riding only 40 miles we were obliged to leave our comfortable quarters in the cars and take to old springless Indian wagons, which were waiting to convey us around the wash-out, a distance of over nine miles. The wagons, which were of the rudest construction, held from eight to 12 passengers, and we had not traveled far before each held a wagonload of suffering humanity, for the roads were the roughest and rockiest it has ever been our misfortune to ride over.

Many a sore spot remained long after the journey was over to attest the truthfulness of this statement. But this was not all. To add to the horror of the situation many swollen streams had to be forded, the rushing water reaching up to the body of the wagon. After the first stream was forded, in which we all expected to find a watery grave, the writer, at the earnest solicitation of the other passengers, took the reins from the hands of the inexperienced Indian driver, and thereafter till the journey ended guided the chariot of state. An amusing incident livened up at least the beginning of our journey—amusing, that is, to all but one of our passengers. A popular young Missoulian had come to the train in charge of twins where their mother was to meet him. By some misunderstanding she failed to put in an appearance, and so, assisted by the encouraging, if not appreciated, remarks and helpful suggestions of the other passengers, he was compelled to play the role of child nurse for the entire journey.

Our wagon journey over we again boarded the cars, but only for about five hours, our stopping place this time being Clark's Ford, on Lake Pend d'Oreille, a pretty inland lake, forty-five miles long by about fifteen miles wide. Here the tracks were submerged and again we had to change our mode of transit. This time be went afloat. A small tugboat was awaiting us, and into it we were packed like living sardines with scarcely room to turn around. After a ride up the lake af twenty-six miles, Sand Point was reached, where once more we took the cars, and after a run of fifty miles reached Spokane, Washington, the coming city of the great Northwest. Already it is a great railroad centre, and with the possible exception of Minneapolis, Minn., has the finest water power of any city in the United States. Anxious to reach San Francisco we remained in Spokane only one day, when we again took the train on the Northern Pacific Railroad and met with no further impediment to our journey until we reached a point a few miles west of Tacoma, where the overflow from the Columbia River again stopped our progress by rail.

Here we were again compelled to proceed by boat, and we shall never forget that ride up the broad bosom of the Columbia River. Town-site after town-site was past with scarcely a house remaining to mark the spot where, but a few weeks before, a busy community had existed. It was a very panorama of disolation—a scene of ruin that none could look at without being deeply affected. After a journey of sixty miles the mouth of the Willamette River was reached, and a further journey of twelve miles up the stream brought us to Portland, the principal city of the great State of Oregon. Here we took a much-needed rest of several days, broadening our knowledge, the while, of Western character and customs. From here to San Francisco our journey was a most pleasant one, notably interesting being the trip over Mount Shasta, the highest of the Rocky Mountain peaks; a rocky monster, that rears his horny head over 14,000 feet above the level of the sea. A day and a half more and, at last, our goal is reached, and we disembarked at San Francisco, just two weeks after the medical convention to which we were delegates had adjourned.

July 24, 1894.

PERCHLOIDE OF MERCURY IN WHOOPING COUGH.

Raubitschek (Therop. Monatsh., April, 1894), knowing the want of success attending the usual treatment of whooping cough, determined in the case of his own three children to resort to a novel procedure. He thoroughly saturated a cotton-wool tampon with a 0.1 per cent. solution of perchloride of mercury, introduced it into the mouth, pressed it against the base of the tongue, thus allowing the fluid to trickle downwards over the epiglottis, and finally withdrew it, at the same time swabbing the tonsils, uvula, and soft palate. This procedure was carried out daily, or every other day, according to the severity of the case, and was attended with the best results, not only in the three cases referred to, but also in 14 other children since similarly treated. An improvement was noticeable on the second or third day, and all the patients were either cured or relieved within eight or 14 days. One case appeared to be arrested during development by five applications of the solution. The author considers any poisonous effects to be impossible.

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PHILADELPHIA, NOVEMBER 3, 1894.

SHOULD THE GENERAL PRACTITIONER BE EQUALLY COMPENSATED WITH THE CONSULTANT FOR A SPECIAL VISIT?

During the last few months several of our exchanges have been directing their readers' attention to comments and opinions on the above subject. Not a few take the position that the medical attendant should receive a fee for a visit which is made conjointly with a consultant, equal to the latter.

By what process of reasoning such a conclusion is reached does not appear obvious. On the contrary, it would seem rather that some had stifled their convictions in order to gratify and win the good will of the general practitioner.

We fear that from this class may be gathered the natural code-haters. It may

be said that the average practitioner is quite able to decide for himself questions of this character without any gratuitous lectures from journalists, who, by the way, with few exceptions, are consultants.

If a consultant's compensation is not for special services, for a superior order of knowledge, experience and judgment, why call him at all? If his trained powers of discernment, with a penetrating, analytical faculty for recognizing and interpreting vital phenomena, are not far above the average, to bring him in under any circumstances is simply a piece of extortion.

The position of a competent, honorable consultant is a responsible and difficult one. His visit is something more than a mere formality, and often demands not only a mastery of his art, but also tact and discretion, in order that while the patient may derive the fullest benefit for what he is giving a special compensation, changes in treatment may be instituted in such a manner as will not diminish the confidence of the family in the regular medical attendant or weaken his control of the case.

Such consultations should be encouraged, and generously compensated for; as they are always mutually advantageous to all concerned.

Possibly, however, at the present time, when our ranks are overcrowded and rather over-officered by impatient neophytes ambitious to become leaders and consultants, sometimes spurred on, too, by grim want, there may be some excuse for allowing the general practitioners an extra allowance when he meets the consultant; for, if the family are in easy circumstances, and the consultant is permitted to continue his visits as frequently as he chooses, after he once gets in, then, indeed, not only should the family physician exact the same fee as the consultant, but it should be at least tripled; for he might as well take his last look at his patient, as his connection with him is ended.

The wholesale pirating so commonly in vogue, at the present time, has well nigh destroyed the utility of consultations, and made them unpopular.

The consultant comes on the scene, proclaims an operation, at "my hospital," as imperative. He "puts old wine into new bottles," stamps the case one of unpronounceable name, damns the attendant with faint praise, slips in before he departs to squeeze the patient's hand, and tells her she will soon be able to ride out with him.

GOOD DRAINAGE AFTER CHILDBIRTH.

An important point in obstetric practice, and one too often not considered seriously enough, is that of establishing good drainage for the lochia after confinement.

At first thought the proposition that any intelligent physician neglects this feature of obstetric practice seems preposterous, but when we consider the position of the patient in the ordinary bed the practicability of establishing more efficient drainage becomes obvious.

In the ordinary bed, with woven-wire springs and a soft mattress, the hips of a patient will be found on the most dependent part, but, with the shoulders resting also on the mattress, in the dorsal decubitus, the vaginal outlet will be on a higher level than that of Douglas' cul-de-sac.

Thus it will be seen that the lochial discharges will, in a measure, remain stagnant at the os uteri, the overflow, so to speak, appearing at the vaginal outlet. This allows an abundant opportunity for infection, and doubtless is the cause of many cases of puerperal fever.

The remedy for this evil is simple, and consists in allowing the patient the freedom of sitting up in bed within 12 hours after confinement; or, at least, provides that the angle of decubitus should be 45 degrees. If this course is followed out it is safe to predict that the percentage of cases of puerperal infection will become less.

The objection to this practice that will be raised is the allowing a woman the freedom of sitting up so soon after delivery. We admit that there may be cases in which this objection is valid, but in the majority of labor cases the process is a perfectly normal one and comparatively easy. The woman is not to be considered such an invalid that it is necessary to force her to assume the complete dorsal decubitus. If this be necessary good drainage may be obtained by directing the patient to lie on her stomach, instead of her side or back.

The advantages of the 45 degrees position are that it not only favors the best possible drainage but that the patient can rest, supported by pillows, and the position favors the involution of the uterus.

Getting out of bed is to be prohibited for a reasonable length of time, but the

sitting posture will prevent the patients becoming so bed-ridden that they are weaker the second week of the puerperal state than the first, which is so often seen when patients are forced to keep their beds in the horizontal position.

Usually the vaginal douche is unnecessary, unless instruments have been used or unusual manipulation has enhanced the possibility of septic infection.

DR. ROUX'S METHOD OF OBTAINING IMMUNIZATION FROM DIPHTHERIA.

The Medical Press, of October 17, gives the following paragraph as Dr. Roux's method of preparing the serum necessary to inject into children suffering from diphtheria.

The first step is to buy twenty horses to undergo the process of immunization. This process takes about seventy days. The horse is first injected with a mixture of iodine and diphtheritic toxine, the iodine having for effect to attenuate the intensity of the virus. The injection is renewed at intervals of several days for six weeks, until the time comes when the animal can withstand injections of the pure virus. The animal is then bled, yielding about four pints of blood every twenty days, that is to say, enough blood to furnish serum for the cure of forty children. The horses chosen are healthy animals, discarded from the services on account of weakness of the legs.

AN AMBULANCE SURGEON MURDEROUSLY ASSAULTED.

Dr. Thomas Garvey, ambulance surgeon to the Harlem Hospital, New York city, came very near losing his life while removing a desperate patient to the hospital for treatment. The man, who was partially intoxicated, and suffering from a dislocation of the humerus, drew a pistol and fired on his surgeon, while they were in close quarters in the removal wagon. The bullet took effect in the right shoulder of Dr. Garvey, causing a painful but not serious wound. Before the man could follow up his murderous attack the surgeon threw himself forward on the man and disarmed him. The man subsequently stated that he mistook the surgeon for an officer who had him under arrest. Whatever the motive of the man may have been, his missile went very near to blotting out the life of a worthy young surgeon.

Obituary.

DR. WILLIAM GOODELL.

Dr. William Goodell, the eminent gynecologist, who had been in failing health for the last two years, died at his residence, 1418 Spruce street, on Saturday morning, aged 65 years.

Dr. Goodell was the son of Rev. William Goodell, D. D., of Holden, Mass., and was born on the island of Malta, while his parents were journeying to Turkey, where his father was engaged in missionary work.

In 1849 he entered Williams College, Massachusetts. Graduating three years later, he came to Philadelphia and continued his studies at the Jefferson Medical College, and received his diploma in 1854. The same year Dr. Goodell rejoined his father in Constantinople, and there entered upon the practice of his profession. In 1857 he married, at Smyrna, Asia Minor, Caroline, daughter of the late Judge Thomas S. Bell, of West Chester, Pa., who survives him. In 1861 he returned to America on account of the unsettled condition of political affairs in Turkey, and, locating in West Chester, there commenced practicing medicine in this country.

Dr. Goodell made a specialty of obstetrics and diseases of women, on the subject of which he was a prolific contributor to the medical journals, and was also the author of "Lessons in Gynecology."

In 1865, on his appointment as Physician in Charge of the Preston Retreat, at Twentieth and Hamilton streets, he came to reside permanently in this city, and continued to hold this appointment until his health commenced to fail.

In 1870 he was appointed lecturer on obstetrics and diseases of women of the University of Pennsylvania, and in 1874 Clinical professor of the University of Diseases of Women and Children. He was also honorary professor of Gynecology of the University, and member of the National, State and County Medical Associations, of the College of Physicians, of the American Philosophical and American Pathological Societies, and a correspondent of the Boston Gynecological Society, of the London Obstetrical Society and of the Imperial Medical Society of Constantinople.

Book Notes.

A PRACTICAL MANUAL OF NEUTRAL MEDICINE. By E. Regis, Professor of Mental Diseases, Faculty of Medicine, Bordeaux. With a Preface by M. Benjamin Ball. Authorized Translation by H. M. Bannister, A. M., M. D. Second edition. Thoroughly revised and largely rewritten. Utica (N. Y.) Press of the American Journal of Insanity, 1894.

The author begins by rapidly touching on the different views as to mental pathology and treatment from earliest historical times, showing that, though in early times a few wise men grasped the meaning of insanity, all this knowledge was speedily lost, and for hundreds of years, during the Middle Age period and down to the eighteenth century, the lot of the hapless insane was full of persecutions, imprisonments, tortures and death.

The author then takes up the subject of general pathology as applied to insanity, proceeding next to a consideration of the special pathology of the various mental diseases.

The second part is given up to practical applications of mental pathology, in the way of diagnosis, advice regarding sequestration and treatment. The book closes with several chapters devoted to the subject of medico-legal practice, and expertism in its relation to insanity.

This work though filling nearly 700 pages, 4½ by 7 inches, does not intend to be exhaustive, but as a manual can be commended on account of the clearness and conciseness of the author's diction and the highly satisfactory arrangement of topics and sub-topics for the purpose of reference. A complete index accompanies the book.

An interesting feature of this work is the fact that it was printed and bound by the insane at the Utica Asylum. Though the book is neatly gotten up, we think that a work of this size would have a better physical appearance if the pages were twice as large and the book one-half as thick.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES FOR 1894. Edited by C. E. Sajous, M. D. Published by the F. A. Davis Company, Philadelphia, Pa. 5 volumes.

We have become so accustomed to look for Dr. Sajous' Annual, with the advent of every year, on account of its accuracy in reports and excellency of construction, that we are pleased to note that these latest volumes are not behind the former ones in practical value to the physician.

Valuable contributions are noted on the diseases of the urinary organs, on the different varieties of fever, on the affections of the brain, on the diseases of the spinal cord, on diseases of uterus and adnexa, on diseases of the eye, on general therapeutics and on syphilis.

This annual has become so standard a work that we are led to look forward to it as an index for the advancement in medicine of the previous year. Extracts taken from over 1100 medical journals of the world are apt to bring about as complete a list of transactions during a given time as can well be compiled.

We take pleasure in recommending this work to any physician, who has not subscribed for it, as one of the necessary appurtenances of his library.

MODERN MATERIA MEDICA. For medical men, pharmacists and students. By H. Helbing, F. C. S. Fourth edition. Published by Lehn & Fink, New York.

Two years have elapsed since the publication of the third edition of this work, during which time quite a large number of new synthetical remedies have been introduced into medicine.

The advance of therapeutical science in these times is rapid and a work like the present one under consideration is hardly out of press before additions are necessary. However, no effort has been spared to make this book as efficient as possible and to incorporate all trustworthy and useful information.

The aim of the work is to supply the want generally felt in this country of full and comprehensive details as to the constitution, methods of preparation, tests and medicinal applications of new remedies.

It is also intended that in dealing with medical uses of each compound to indicate its therapeutical importance. It is a work much needed by most practitioners.

ARSENITE OF COPPER AS AN ANTISPASMODIC. By W. Blair Stewart, A. M., M. D. Reprint from The American Therapist, August, 1894.

THE TWENTY-FOURTH ANNUAL REPORT OF THE PHILADELPHIA PROTESTANT EPISCOPAL CITY MISSION. 1894.

FIFTY CASES OF RECTAL SURGERY. By B. MERRILL RICKETTS, M. D. Reprinted from Mathews' Medical Quarterly, July, 1894.

Surgery.

Under the charge of T. H. MANLEY, M. D., 115 W. 49th St., New York.

SYMPHYSIOTOMY.

Morisani (Annales de Gynecologie, April, 1894) contributes an article on Symphysiotomy, and comes to the following conclusions regarding the operation:

1. This operation is perfectly justified both in theory and practice. By it a fetus at term, fully developed, can traverse a pelvis narrowed between the limits of 67-88 mm.

2. If the fetus be dead or its vitality gravely compromised, this operation is bad.

3. Usually symphysiotomy should be performed at term, when labor has begun and dilatation advanced. Its association with premature labor should not be accepted, though occasionally it may be conjoined with embryotomy, when the child is dead.

4. The operation itself is simple; it is indifferent whether Galbiati's knife or a simple probe-pointed bistoury be used, or whether the articulation be opened from above or below, provided the suprapubic ligament be cut.

5. The movability of the sacro-iliac joint must be assured.

6. In a pelvis of 81 mm. or more, before cutting the articulation, tentative and cautious efforts should be made with the forceps.

7. The forceps is useful after the section in the great majority of cases, but is not indispensable.

8. Osseous sutures and immobilizing apparatus are not necessary. Suture of the soft parts and a restraining bandage are enough. It is a grave error to interpose foreign bodies between the lips of the wound.

9. This operation merits comparison with embryotomy when the fetus is alive, and should be preferred to the latter. It is destined to replace Cæsarean section of choice.

10. It may be discussed in such cases, whether it be better to practice premature delivery in the early weeks of the ninth month, or wait the end of pregnancy and perform symphysiotomy. At a period less advanced than this, symphysiotomy at term merits the preference.

11. Ischio-pubeotomy constitutes a valuable resource in contractions due to ankylosis of one of the sacro-iliac symphyses.

12, The asserted evil results of pubic section are only observed where it is practiced in cases outside its limits, and have for cause: a. The time of the labor during which it is done. b. The manner in which it is done. c. The pre-existent lesions of the genitalia. d. Special conditions of the patient. The death of the fetus is to be ascribed: a. To a tardy intervention. b. To accidental circumstances. c. To accessory means used in extraction.

—Am. Jour. Med. Science.

THE ABLATION OF A TUMOR FROM THE SPINAL CORD.

A man 42 years old, who had sustained a fall on the back sometime previously, presented himself at Krause's clinic, complaining of severe pains through the left side of the thorax, in September, 1893. On careful examination nothing definitely could be made out and he left. In August, 1894, he returned, now suffering severely over the entire back and chest; besides, paresis was setting in, in both lower extremities. These paretic symptoms would alternately subside, to be replaced by exacerbation of paraplegia, with analgesia and contraction of the muscles. Along with this he had the girdle symptoms.

On examination of the vertebral column a painful enlargement was detected on the sixth dorsal vertebra. A tumor of the substance of the cord was diagnosed.

Anti syphilitic treatment was tried without avail.

Now, an operation was undertaken. An incision was made, extending from the third to the sixth dorsal. By the aid of the osteotome and mallet the spinous apophyses were removed, ten centimetres in extent. The dura mater was incised and there was a free discharge of cerebro-spinal fluid, when to the right a tumor was reached. This was 27 milli-

metres thick and 18 long. After displacing the arachnoid the growth was readily detached.

The loss of blood was so great that the succeeding collapse prevented the suturing of the wound. Iodoform tamponade was used to pack the wound. After about 18 hours the patient came out of shock, but the pain now was worse than before the operation. On the second day succeeding operation high fever developed, with dyspnea and cyanosis; he died 24 hours after operation. On autopsy, suppurative bronchitis, with a sanguinous escape under the cerebral dura mater, were found. The latter was supposed to have succeeded in consequence of the rapid loss of cerebro-arachnoidean fluid, at time of operation.

(Munich Med. Woch., Oct. 22, 1894, p. 431.)

Comments by Translator.—This case epitomizes a few important points in the therapy of spinal lesions, traumatic or pathological; when operation is undertaken for their relief, and is entirely in accord with what I have observed in my own practice.

Laminectomy is a terribly bloody procedure; the powerful osseous braces of the column are cut away and its integrity, as a supporting pyramid, forever destroyed, should relief of the cord injury follow. There was a great loss of the cerebral fluid; a matter of mortal concern in itself. This was intensified after operation. In my own ten cases the post operative torture was so great that full morphine narcosis had to be maintained to the end.

Febrile symptoms promptly set in. From all that can be gathered, there is nothing to show that there is a single case on record recovering after laminectomy that might not have done equally as well, or better, if left to nature's unaided resources, and it may be added that in not a few ending mortally they have recovered had they been spared mutilation.

T. H. M.

STOLEN GRAFTS.

In San Francisco an Irishman has brought suit for $25,000 damages for the loss of grafts taken without consent from his thigh and transplanted to the head of a Gallic patient. He claims that the grafts were taken while he was under an anesthetic, given, as he was led to believe, to save him from the pain of an examination that was to be made. Mike McGowan, the complainant, "would not have cared so much only the skin went to patch up a d—d Dutchman;" besides the "old skin was brought from Oirland."

—Exchange.

TREATMENT OF ASPHYXIA BY TRACTION UPON THE TONGUE.

Laborde (Abeille Medical, 1893, No. 3) believes that asphyxia is to be combated by strong rhythmical traction upon the tongue. Apart from the good results in asphyxia of the new-born, Laborde has applied the method with good results in an adult poisoned with bromidia, who was pulseless and without appreciable movement of heart.

The action of this method is referred by Laborde to the primary excitation of the sensitive nerves and transferrence of this excitement to the motor nerves of the respiratory muscles, especially excitement of the nervus laryngeus superior then the glosso-pharyngeus and lingualis, finally, the phrenic.

—University Medical Magazine.

FATAL PERITONITIS FOLLOWING ORCHITIS DUE TO MUMPS.

The Gazette Hebdomadaire de Medicine et de Chirurgie for August 12 gives a summary of a history of a case, by M. Hornus, published in the Archives de Medicine et Pharmacie Militaires, 1894, No. 7. During an epidemic of mumps a soldier, 22 years old, presented himself with a double orchitis. It was not due to gonorrhea, and he had never had the least venereal infection. It had come on after a few colicky pains followed by an abundant movement of the bowels. Both testicles were affected in an equal degree. The temperature was 103.1 degrees F. Topical treatment was prescribed for the orchitis, but as early as on the second day it was found that the patient had peritonitis, which carried him off in 48 hours. At the autopsy the testicles were found transformed into purulent collections with no longer a trace of seminiferous tubules. The spermatic cords were batehd with pus, which continued beyond the inguinal canal. The intestinal coils and the epipolon were covered with purulent and fibrinous deposits. There was nothing wrong with the other organs.

—Railway Surgeon.

Medicine.

Under the charge of E. W. Bing, M. D., Chester, Pa.

A NEW CURE FOR PERNICIOUS ANEMIA AND LEUCOCYTHEMIA.

"While sitting alone, and in profound sorrow, in my library, on Sunday morning, the 29th of April last, I suddenly saw a great light." It is in this somewhat dramatic way that Dr. I. N. Danforth, whose life was suffering from pernicious anemia, begins his description of a new method of treating that disease. The light which he saw was reflected from the following paragraph in a London journal: "Professor Frazer, of Edinburgh, read a paper to the Section of Medicine" (of the Eleventh International Medical Congress, at Rome) on "The Effects of Bone Marrow in Pernicious Anemia," which attracted considerable attention. He gave particulars of a case in which at the beginning of the disease the hematocytes numbered 1,000,000 per cubic millimetre, and the hemoglobin 25 per cent. After a month's treatment, first with iron, then with arsenic, afterward with salol, no appreciable improvement was manifested. At the end of that time bone marrow was administered with remarkable results. The patient gradually improved, and in two months the blood had a composition of 4,000,000 hematocytes, and the hemoglobin had risen to 80 per cent. This case shows, so far as a single case can, that in bone marrow we may perhaps have an effective remedy for what has hitherto been practically held to be an incurable disease.

Dr. Danforth immediately got some bone marrow and began feeding it to his patient, whose conditon, despite everything that had been tried, was desperate. She at once began to improve, and in four or five months was comparatively well.

After a time, instead of giving the marrow in its natural state, he cut up several ribs and allowed them to soak in glycerine. He then made the following mixture:

R	Liq. potas. arsenit.	2½ dr.
	Acid phosphate	3 oz.
	Ext. bone marrow.....ad.	8 oz.

M. Sig.—2 dr. after each meal.

The addition of the arsenic robs the bone marrow of some of the credit. This addition was not made, however, in Professor Frazer's case.

We note also that Dr. W. G. Bigger reports, in a London journal, a case of leucocythemia in a boy aged 12. The patient was given three or four slices of bread daily, on which the raw bone marrow was thickly spread. The improvement in the boy's condition after the first week was "little short of marvelous." The anemia and jaundice disappeared, and the skin and mucous membrane acquired a healthy color. The symptoms due to the anemia at the same time passed off, and in three weeks the boy was able to walk about without shortness of breath or palpitation. The temperature also became normal, and has remained so. Pari passu with this improvement in the general symptoms, the spleen diminished in size, so that by the end of a fortnight the lower edge had receded to a level with the anterior spine of the ilium, and the inner edge did not extend beyond the middle line.

The boy eventually became entirely well. Both the cases reported are apparently examples of cures of obstinate and dangerous diseases. If we have a remedy for them in bone marrow, therapeutics has made a remarkable advance.

—New York Medical Record.

THE TREATMENT OF TUBERCULOSIS.

Van Hoorn (Monatshefte fur Praktische Dermatologie, Bd. xix, No. 1), convinced that infection in furuncle takes place from the outside, employs a method of treatment based upon general disinfection of the skin as well as isolation and disinfection of the disease foci. This method is as follows:

The entire skin is cleansed in a warm bath with soft soap, and the furuncle and the parts around it washed with a 1-1000 solution of corrosive sublimate. After drying, the furuncle is covered with mercury and carbolic acid plaster-mull, and the patient puts on clean linen. Every day, or, preferably, twice a day, a new plaster is applied, and where the perforation has occurred the furuncle is lightly pressed out and disinfected anew with sublimate solution.

The results of this treatment are said by the author to be brilliant, and, what is especially important, new lesions are seldom observed.

—University Medical Magazine.

Miscellany.

MEDICO-LEGAL SOCIETY.

Section on Medico-Legal Surgery.

There will be a joint session of the Medico-Legal Society and the Section of Medico-Legal Surgery, at the Academy of Medicine, New York city, on Thursday, November 15, 1894, at 8 o'clock P. M. precisely:

PROGRAMME.

1. Session of the Medico-Legal Society, the president, H. W. Mitchell, M. D., in the Chair:

a. Election of new members and miscellaneous business.

b. Nomination of officers for the ensuing year.

2. Session of the Section on Medico-Legal Surgery, Chief Surgeon, Granville P. Conn, M. D., chairman, in the Chair:

a. Opening address by Chief Surgeon Granville P. Conn, M. D., on "Hygiene Training of Men in Charge of Railway Trains."

b. Discussion of same, limited to five minutes each.

c. "Expert Examination of Plaintiff in Damage Cases, when Ordered by the Court," by George Chaffee, M. D., ex-president New York State Society of Railway Surgeons.

d. Discussion limited to five minutes, by Clark Bell, Esq., Judge Roger A. Pryor, Nelson Smith, Esq., Judge Abram H. Dailey, H. W. Mitchell, M. D., Professor Stillings, of New Hampshire, chief surgeon V. C. R. R., M. Cavana, M. D., and ex-Surrogate R. S. Ransom.

e. "The True Line of Duty of the Railway Surgeon," by Clark Bell, Esq.

f. Discussions, five minutes each, by Surgeon George Chaffee, M. D., Surgeon A. M. Phelps, M. D., R. S. Harnden, M. D., C. M. Daniel, M. D., S. S. Thorne, M. D., J. B. Murdoch, M. D., Nicholas Senn, M. D., W. B. Outten, M. D., G. P. Conn, M. D., and others. Eminent surgeons have been invited to submit views on this subject who cannot be present. Reports will be read from various parts of the whole country.

g. "Medical Witnesses." By R. S. Harnden, M. D., ex-President Erie Railway Surgeons.

h. Discussions, five minutes each, by H. W. Mitchell, M. D., Chief Surgeon Estes, Lehigh Valley Railroad; M. Cavana, M. D., C. M. Daniels, M. D., and others.

The New York State Association of Railway Surgeons holds its annual meeting at the Academy of Medicine on the same day—morning and afternoon session—to which all our members have been invited, and the members of that society are cordially invited to attend our meeting, and take part in the discussion.

A general attendance is requested. Members not on the programme, wishing the floor on either subject, will forward their views in brief to the secretary if unable to be present. Members will please be prompt in attendance.

For Section on Medico-Legal Surgery, Granville P. Conn, chairman; Clark Bell, vice chairman and secretary; George Chaffee, M. D., treasurer.

For Medico-Legal Society, H. W. Mitchell, president; Clark Bell, secretary; F. B. Downs, M. D., assistant secretary.

A NEW DISEASE.

A physician says: "Two weeks ago I was summoned to the bedside of Djoahnne Sdtleometzhler. The involute and labyrinthinate tangle of his symptoms made me suspect at first that he had absorbed his own name. But further examination convinced me that he was the victim of typhomalariopneumophthisicotrychinotetanataxionephreticosplenitis. Owing to the ubiquity of pathegenic bacilli, anti-septics are always indicated, so I exhibited calcium betanaphtholalphamononosulphonate. As the patient suffered from severe nonlocalized pain I gave orthooxyethylana-Monobenzoylamidoquinoline combined with salicylaldehydmethylphenylhydrazine. For this insomnia I gave trichloraldehydphenyldimethylpyrazolene.

"His wife asked me what ailed him and what I was giving him. I told her and she said 'yes,' and turned very pale.

"Upon examining him on the next evening I became convinced that the vital forces had misconstrued the remedies and that a congerie of retroabsorptions had resulted. I then wrote out the following prescription:

R Tetrahydrobetanaphtholamine.
Sodium thioparatoluidinesulphonate.
Orthosulphamidobenzoic anhydride.
Amidoacetoparaphenetidine..aa.1 oz.
M. Sig.—A teaspoonful every hour.

"When the wife presented the prescription to the druggist he instantly dropped dead! The patient is up and about, but something is wrong with his Broca's convolution—he mutters in a multisyllabic lingo that is intelligent only to modern pharmacal chemists. I am in hiding where the spiral melody of the woodbine that twineth blendeth ever with the sweet, low, soothing, murmurous quadrisyllabic, rhythmic rune of the gentle polygonum punctatum.

MEYER BROS., Druggists.

It is said that the keepers of the lunatic asylum at Alicante, Spain, recently took their lunatics off on a concert tour to raise money to keep the asylum running, the Government having failed to provide for it.

Notes by the Wayside.

BY ERNEST B. SANGREE, A. M., M. D., PHILADELPHIA.

The "laziest" man has at last met with his just reward. Dr. George Ross reports the death of a man from peritonitis due to rupture of the bowel brought about by a novel and labor-saving method of taking an injection. This ingenious man simply fastened the rubber hose to the bathroom faucet and turned on the spigot. The last time he gave it one turn too much and hence the result.

* * *

The Empress Dowager of China must be more solicitous about her subjects than I have previously believed. After the great defeat at Ping Yang, which the Chinese affect to consider a victory, her Majesty ordered forty chests of preventive pills to be sent to the army for distribution among the soldiers. What they were supposed to prevent we are not told.

* * *

A colored dispensary patient, who wished to be very proper, replied in answer to a family history question: "There isn't any of us ceasted since my father died, and I was about a year old when he ceased."

* * *

Between the eye hospitals and dispensaries advertising in the daily press for patients and almost engaging a "puller-in," and the numerous opticians begging people to come and have their eyes tested free, it is a wonder that oculists get any patients at all. One optician is trying to scare up spectacle buyers by distributing a pamphlet lurid with the dangers of instilling atropine, and thus deterring people from risking their eyes with an ophthalmologist. This is not as bad, however, as a crank optician, named Fournet, in London. He names a number of prominent English ophthalmologists, and claims that none of them really know anything about prescribing appropriate glasses. He goes a step beyond anything I have yet seen, advising that not only those with defective vision should have glasses, but maintaining that everyone could see better by wearing them.

* * *

Either my penmanship is defective or the typesetter is a poor reader, for he put the word "medium" for "medicine" in one of my little squibs last week, thus destroying the sense of a sentence.

"THE AUTOCRAT."

Oliver Wendell Holmes. Born 1809. Died Oct. 7, 1894.

(From Punch.)

"The Last Leaf!" Can it be true,
We have turned it, and on you,
Friend of all?
That the years at last have power?
That life's foliage and its flower
Fade and fall?

Was there one who ever took
From its shelf by chance a book
Penned by you,
But was fast your friend for life,
With one refuge from its strife
Safe and true?

Even gentle Elia's self
Might be proud to share that shelf,
Leaf to leaf,
With a soul of kindred sort,
Who could bind strong sense and sport
In one sheaf.

From that Boston breakfast table,
Wit and wisdom, fun and fable,
Radiated
Through all English-speaking places;
When were science and the graces
So well mated?

Of sweet singers the most sane,
Of keen wits the most humane,
Wide, yet clear,
Like the blue, above us, bent;
Giving sense and sentiment
Each its sphere.

With a manly breadth of soul,
And a fancy quaint and droll,
Ripe and mellow,
With a virile power of "hit,"
Finished scholar, poet, wit,
And good fellow!

Sturdy patriot, and yet
True world's citizen. Regret
Dims our eyes
As we turn each well-thumbed leaf;
Yet a glory midst our grief
Will arise.

Years your spirit could not tame,
And they will not dim your fame;
England joys
In your songs, all strength and ease,
And the "dreams" you "wrote to please
Gray-haired boys."

And of such were you not one?
Age chilled not your fire of fun.
Heart-alive
Makes a boy of a gray bard,
Though his years be, "by the card,"
Eighty-five!

The Times and Register.

Vol. XXVIII. No. 19. Philadelphia, November 10, 1894. Whole No. 844.

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Original.

FOODS OF NATIONS.

BY CHARLES H. STOWELL, M. D.,

WASHINGTON, D. C.

It is interesting to study how individuals differ in their tastes for various foods, and also how various peoples differ in their tastes; but it is even more interesting to study the desires of whole nations for certain kinds of food.

We are told that the warriors of Homer killed their own pork, not calling upon the butchers to spare them the disagreeable task of slaughter. The Romans were particularly fond of pork, which fondness was retained even to the decline of their empire. The Egyptians declared the hog to be an unclean animal and fled from it, while the Cretans would not eat of the flesh because they wished to offer it to Venus. The Romans had particular skill in preparing pork, for, it is said, they could impart as many as fifty different flavors to it. They could prepare it so it would resemble delicately-flavored fish or duck.

As the ox was such a faithful friend to man, it was thought for a long time to be a sin to eat of his flesh. Yet we know that the ox was often roasted whole at the time of the Grecian feasts, but farther back than this we read that Moses declared the flesh of the ox to occupy the front rank as a desirable food. Beef appears to have been generally roasted, but sometimes boiled and served with sauce.

Mutton has always been regarded as a desirable food. So fond were the Athenians of the flesh of the lamb that the authorities had to forbid its eating until the animal was large enough to be shorn. Both the Egyptians and Romans highly praised this flesh as a most delicate dish.

The flesh of the ass was used extensively by the Roman peasants and for a time it was used by both the great and rich. But this soon went out of fashion.

Hippocrates said he was convinced that the flesh of the dog was a wholesome food, and the common people of Rome used it very extensively.

The flesh of the elephant was used at some of the African feasts, while an African traveler said he found the elephant's trunk a very palatable dish; however, he preferred the foot.

We also read that the flesh of the hedge-hog, fox, camel, dromedary, and stag was used by the Greeks and Romans.

We are told that some of the ancients regarded the hen as a bird of ill omen, so they embraced every opportunity to use it as food in order that the number might be diminished! It is said that a Roman knight discovered a process by which peculiar flavors might be imparted to the flesh while the animal was being fattened. This became so popular that the Roman council had to forbid this fattening process, as they feared there would not be left a single hen in the empire. We may think that the incubator is a modern invention, but the Egyptians hatched their chickens in their ovens.

The Greeks and Romans were very fond of duck. The whole animal was served by the Greek, but the more wealthy Romans used the breast and the head as the only parts fit to offer to a guest. One ancient writer said he

mixed the flesh of ducks with his food as an antidote against poisons which he feared were being administered to him.

We all know how the goose became endeared to the Romans, and how these animals were kept both in the city and country as guards to the house. The flesh of this animal was a great favorite with the Egyptians. The goose was fattened in the dark in order that its liver might reach a large size. This part of the animal was greatly prized, and, by the process of forced feeding, it is said the liver of a large goose could be made to weigh as much as two pounds, while Pliny says that the process could be carried to such an extent that the weight of the liver could almost equal the weight of the rest of the bird. It is related that a Queen of France once spent 60 pounds in fattening three geese, as she wished to have the livers both enlarged and of an unusually delicate flavor. The story runs that Queen Elizabeth was enjoying a meal of goose at her dinner when the news was brought to her of the defeat of the Spanish Armada; therefore, the flesh of this animal is a favorite dish in England on Michaelmas day.

The Greeks knew nothing about the flesh of the turkey during their successful days, and for many years this animal was looked upon as a great curiosity by the Romans. It is said that a pair of turkeys was exhibited at Athens about the middle of the sixth century, when they excited the greatest curiosity.

The peacock was such a favorite with the Romans that it was thought a banquet or feast was incomplete without it. One Roman Emperor is said to have killed a soldier who accidentally killed a peacock. Later, it appears a discovery was made that the flesh was very indigestible, so the animals were after this served with all their feathers, to be looked at, but not eaten.

We are inclined to make sport of the crow as an article of diet, but the Alexandrians declared there was nothing that could approach the flesh of this bird in delicate flavor.

The Romans were not less fond of fish, carrying their love to admiration. Hortensius had a great fondness for turbots, and it is said he wept bitterly over the death of one he had fed from his own hands. These animals were so trained they would come at the voice of their master, and they were often decorated with bands of gold. A friend of the Emperor Augustus became so attached to his turbots he would feed them with the flesh of his slaves, and he would not even first deprive his subjects of their lives. According to one authority, the early inhabitants of Britain did not eat fish, while there were certain laws in existence for many years that some kinds of fish were forbidden. Louis XII had six fishmongers to supply his table, while Henry the Great had 24.

As the oyster is such a favorite at the present time it is but natural to suppose it was always a great favorite In fact, we know that the Greeks and Romans regarded them as a necessary prelude to the hearty meal of the day, at which time they were generally served uncooked. It is said that a Roman once made a great fortune by discovering the method by which the oyster could be fattened. It was finally made known that his method was feeding them with honey and wine.

Hippocrates said that boiled cabbage and salt was a specific for the colic, and the Egyptians declared that those children who were fed upon beans were well educated. The Athenians thought asparagus injured the eyesight, and those who used it would soon be obliged to wear spectacles. By fertilization asparagus was grown to the height of forty feet. Onions and honey were great preservers of the health. But to crown all their work we are informed that the Egyptians used asafœtida as a chief ingredient for imparting delicious flavors to their dishes!

To come down to a more ordinary article of diet, we learn that the Romans were not satisfied with using bread and milk for a food, but were in the habit of bathing their faces with this mixture and even wearing a poultice of it on their faces in order to have a clear complexion. It is said that the Empress Poppalia always took a daily bath in milk, for which purpose she had in her stables five hundred female asses.

Eggs have always been used for food. Our authority says that the Egyptians could cook eggs without a fire. They placed the egg in a sling and turned it so rapidly through the air that the heat resulting from the friction would be sufficient to cook it to just the required extent.

Although Cato is best known as a philosopher, yet he was also a good cook, as is evidenced by the following recipe

which he has left to us: "Crush two pounds of cheese; mix it with a pound of rye flour in order to make it lighter; throw in nearly a half a pound of wheat flour, one egg, and stir, mix and work it into a paste; form of it a cake, which you will place on leaves and cook in a tart dish on the hot hearth."

PHILOSOPHY, RELIGION AND SCIENCE.

BY HENRY BURCHARD, M. D., PHILA.

Continued from last number.

To form what is known as a church, necessitates that the followers subscribe to a creed, or articles of belief.

That there is not exact likeness in every individual's views, we may well conceive.

The creed will, however, represent an average of the consensus of opinions. Those whose views are too far removed for agreement with any formed class will unite in other bodies and take or make a formulated belief for foundation.

This has been the history of the formation of church parties from the early centuries of Christianity to this day. The history of the church in early times contains the record of as much dissension as has arisen since the time of Luther. When Christianity was still young attempts were made to reconcile its theology with philosophy. The resemblance the doctrines of Christ bore to those of Plato was sufficiently close to have identity claimed by some.

St. Augustine in many particulars held substantially views which were expounded centuries after by Calvin.

Many to-day, did they but see it, are the theological descendants of the Nestorian Christians and so on.

These various beliefs, philosophical and theological, are for practical purposes, resolvable into systems of ethics. Whatever the ultimate object may be, this is the direct result which immediately concerns us.

Compare these systems for such matter and there will be found a striking resemblance in the spirit of all. In one, however, some particular doctrine is emphasized, which is regarded as of less importance in another.

Whether coming from philosopher or prophet dependence upon a continuous cause of all that has been or can be has been recognized. Not one but has brought from this belief, moral right, justice, mercy and all other expressions of truth.

In these matters there is somewhat of a peculiarity; everyone acknowledges that man is a creature of error, but he chooses the means through which error is exposed to him. What is gratefully received from or through priest or prophet is regarded as an unwarrantable presumption when coming from a philosopher; what a silly prejudice it is!

To the casual thinker the material is so self-evident, that he quickly looks beyond for final cause. Apropos of this, the more educated a man becomes the less self-evident does he find the material.

In search for an ultimate, conditions are found which place it beyond the material, and the inquirer is driven to speculation as to the immaterial; that is, it is the immaterial to him.

Here we have one of the facts which give Brahmanism and Christianity ascendency. In the case of the Church of Rome over its displaced rival, it was virtually the victory of the spiritual over the material.

We know the gnostics failed in an attempt to make a Christianity governed alone by reason; their failure is, however, no proof the task is an impossible one. Read between the lines of Prof. Garretson's later books, and see what may be made of it.

As a rule the attempt at this reconciliation results in mutual scoffing, and yet one must see there is no more reason for theological resentment in this direction than there was for Juvenal to call Christians prayers to the sky.

For the characters of the disputants there was no more gentleness in Tertullian than in Spinoza. Moreover, recollect that while the early church is reflected in the mercy-breathing teachings of Tertullian, a delayed echo was the rending to pieces of Hypatia.

History teaches us clearly that morality is no more of revealed religion than of philosophy—perhaps even less.

The doctrines which gives immortality to Christianity, and which raised it as a theological system above its competitors or rivals, is the idea of the brotherhood of man, and in a degree the oneness of God and man. This, the very soul of

Christianity, has been the teaching of philosophy for all time.

The greater culture to which men attain the broader becomes their conception of this doctrine. Humanity presents all degrees of the sentiment; from the savage mother, who cares for her young only in infancy, to the philanthropist, whose labors embrace the whole of mankind, and who recognizes that in doing his duty by his fellow-men he does it for himself and for his God.

The doctrine of man being one with God, means to one imbued with it; that he feel, see and act as God; but it must be remembered this will be governed by his conception of God; for this same doctrine has been in many the basis of intolerant and intolerable forms of egotism and egoism.

The highest material conception of man is man, and in many cases his God is a creature differing from himself only in degree.

As we have recognized, man's ideas are limited by the forces within him; the extent of these being capable of increase or diminution.

Thus, each person will have his individual conception.

Hero worship has much to do with the forming of opinions. Those who claim or are felt to be in communication with higher power than that possessed by their fellow-men are assigned a position akin to or near that power, and not infrequently are in part a substitute in the vulgar mind for the deity to which they profess to serve as mouthpiece.

By a tacit belief that like only can know like, the anthropomorphic conception is a natural result.

Viewing the logical consequences of such an assumption, we may rate individuals or classes according to their conception of the Infinite. The progress may be traced from the anthropomorphic conception to speculations as to the ultimate substance.

Whatever views anyone may hold as to what is known as revealed theology, it must be recognized that error lies more with expounders than founders. See how true this is for Buddhism, Judaism and Christianity. How much difference there is between the doctrines expounded by Buddha and the religion of an ignorant Chinaman! how much a Tertullian differs from a Philip II! and yet a few centuries of ingenious expounders, and these are the result.

Whatever our belief in a state after this, whether in a Nirvana, a Valhalla, a flaming pit or a mere chemical decomposition, it should not blind us to our duty in this.

The shaking off of what many regard the shackles of a theological system does not lessen by a particle the force of moral law or the necessity for the practice of the nicest morality.

Let him be governed by which he will, faith or reason; either can result but in the elaboration of a code of ethics. Aside from the material benefits to be derived from philosophical study, is the placing of one's ethical standard upon a sound basis; directing his action because it is logically right. From the utilitarian view this is the greatest good to which any system can attain.

The material result of philosophy is a moral man, and so of religion; for to adopt either of these is not the putting on of a garment to be laid off at will; it is a life.

Who is so blind that this close relationship cannot be seen? Both arise from or through innate qualities, and what does it signify by what name they are known?

None more than the philosophers have given us doctrines tending to a broader conception of the universe and man.

Can theology dismiss the names of Newton, Keplar and Spencer, or Marcus Aurelius, Epictetus and Seneca?

No philosopher fails in respect, or even reverence for Moses, Gautama or Christ, or is wanting in admiration of the character of Abelard (the intellectual character, be it understood, for he must be a villainously bad philosopher who could indorse Abelard's devilish morals).

That most profound German, Goethe, tells us, "it is not given to man to solve the great mystery, but that he should attempt it that he may learn to keep within the limits of the knowable." This is a fallacy, for we know the absolutes knowable about as much as the unknowble.

In an article written some months ago for the "Times and Register" the writer attempted to demonstrate how many of these conflicting opinions are turned from divergent courses and made to run in one stream of rationalism, religious and philosophical; this, through the labors of your professor, Dr. Garretson. A course is offered by him which should

offend no theologian or even agnostic, and is decidedly superior to either of these.

While it strips the last vestige of vulgar superstition from revealed theology, it teaches the materialist that intellectually he is but a partly-formed creature. It is a striking reproach to the spirit of cynical skepticism, which many flaunt with more vanity than is consistent with sound sense or logic.

The present speaker has read and reread his volumes, and they are by no means exhausted; like good pictures they please the more the older one grows. Read them, all seven, and see whether these opinions be not well founded.

It is presumed that we all look forward to a time when the Spirit of Christ will rule the world; all living in hope that altruism shall replace selfishness, and the brightness of optimism throw into shade all petulant pessimisms in art, literature, philosophy, politics and so on; that what passes for cynicism be shown to be masked savagery; that ego, and alter ego, are not innately enemies.

It is scarcely to be hoped that the extreme view of altruism will ever become general; it is impracticable, and logically unwise if carried to extremes; but this much may be said: a man has rights which are inviolable; the civil law is supposed to insure him these as furnishing general justice. Altruistic feeling can be and should be developed to such a point that every man shall grant voluntarily to all others their just rights and yet maintain his own.

He may or may not sacrifice these; but should yield and aid others in the securing of theirs. This without the intervention of the services of those who control laws to suit an occasion. Making the principle—not is this the letter of the law, but is it the spirit of justice.

It may seem that this discourse is without distinct purpose; far from it.

The inference to be drawn is this: any system of philosophy or theology is worth just what it makes of its followers, intellectually and morally; the only true standards by which to judge men.

Does it raise them, be the system what it may, it is good (for them.) Does it narrow him, stunt his charity, contract his conception of the brotherhood of man, lessen generous impulses, it is bad (for him).

Further, as a rule, man's ethical code corresponds with his intellectual processes. If these be broad and pure his moral life will be found in correspondence. A well-weeded, well-kept garden produces good plants. A clean conscience and a well-trained intellect, a firm philosophy, a pure theology will be the fairest flowers.

In conclusion, philosophy has not and never has antagonized religion; whatever warfare there has been it was between theology and philosophy, and in most instances theologians were the aggressors.

Society Reports.

TRI-STATE MEDICAL SOCIETY

of Alabama, Georgia and Tennessee.

Continued from November 3.

THIRD DAY.

The society witnessed an operation by John A. Wyeth, of New York, for the removal of a large cyst of the thigh, at the Southern Medical College, after which it was called to order at the Kimball House.

The council reported the following nominations for officers, and they were duly elected: President, R. M. Cunningham, Birmingham, Ala.; first vice president, J. C. LeGrand, of Alabama; second vice president, Floyd W. McRae, of Georgia; third vice president, G. W. Drake, of Tennessee; secretary, Frank Trester Smith, Chattanooga; treasurer, George R. West, Chattanooga.

The president-elect, also Vice Presidents LeGrand and McRae were introduced, and addressed the society. The following papers were read: "Pernicious (or Inveterate) Vomiting of Pregnancy. A Plea for the Mother; Based on Actual Practice," by E. A. Cobleigh, Chattanooga. He referred to general belief, from common experience, of rarity or even total absence of cases showing actual tendency to death despite treatment. That such a fact has led to the belief that cases showing apparent tendency to death can be, by some measure, finally relieved without actual fatality. And this reasoning is plausibly based on the general result in the vast majority of cases observed by the profession at large in every day experience. For years his own experience, by no means limited, led him to the same conclusion, and caused him to assume that vomiting of pregnancy should never prove fatal if every remedy was thoroughly tried.

But, later, unfortunate observations wholly overthrew this conclusion, at the cost of more than one valuable life. Cases were cited to demonstrate this fact.

With experience before him actually proving the sacrifices of maternal life

on such hypothesis, with sole object to bring into existence an offspring whose futurity must always be problematical (no matter its possibilities for distinction and wonderful accomplishments in the evolution of history and betterment of humanity's condition) shall we sacrifice the known for the unknown and uncertain—are we justified in thus gambling against odds with possibilities for evil at least equal those for good? Or ought we to prefer the certain for the sentimental, discarding, as scientists (without bias of tradition or superstition) all previous ideas, and save the most certain of the two, when assuredly within our capabilities?

He then contended for the justifiability of producing abortion—at a date early enough to save the mother—after relief has not resulted from resort to the best of admitted remedies (in sufficient number, and with enough time for fair test) without delaying until the maternal vitality and capacity for reaction has been lost in order to prove that nature will not ultimately surmount the disturbance, prior to decision for this dernier ressort. And referred to his cases for justification of the argument, regardless of the views of present authorities, legal enactions, tradition, or otherwise, comparing modern ideas for the dernier ressorts in other critical cases, equally problematical as to the general prognosis, surgical or not, their results, changes of sentiment toward progressive science, etc.

Valentine H. Taliaferro read a paper on "Transfusion of Blood and Infusion of Salines." He advised the operation for hemorrhage and also shock. He used a saline solution heated to 110 F. He had operated five times and had seen a number of cases and had never seen any harm. He reported cases where the measure was successfully used where death seemed imminent.

W. Perrin Nicholas said the operation could be performed safely. In McBurney's Hospital, New York, this measure is carried on simultaneously with operations. He knew of cases where the temporary effect was good, but death took place later.

Frank Trester Smith called attention to a paper read before this society by R. M. Cunningham and published in the Virginia Medical Monthly, ———, 1893, in which the method of hypodermoclysis was described as used in croupous pneumonia.

Dr. Taliaferro in closing said that injections into the cellular tissues was to be condemned on account of abscess, etc.

The method by high injection into the rectum was not as good as injection directly into the veins.

W. Perrin Nicholas read a paper entitled "Combination of Carbolic Acid and Camphor as an Antiseptic and Local Anesthetic." He recommended it for all wounds, for pruritus and for parasitic diseases. It causes no reaction and there is no absorption. Catgut was kept soft and aseptic a year in the mixture.

R. R. Kime said that he had used the following preparations of camphor and carbolic acid:

Camphorated phenol is made of carbolic acid to one or two parts gum camphor.

Camphorated iodo-phenol is made by adding tr. iodine to camphorated phenol in the proportion desired, to which glycerine may be added.

Camphorated salicylo-phenol is made by adding salacylic acid to camphorated phenol in proportion desired.

Boric acid may also be combined with camphorated phenol in small proportions.

Has used camphorated phenol for years; considers it a positive germ destroyer; it checks putrefaction at once as well as pus formation; it also checks septic invasion when it can be brought in contact with the germs and foci of infection.

Its burning and irritation can be prevented by increasing the proportion of gum camphor.

It is the best remedy we have to apply to uterine cavity after curetting or removal of putrid, septic or purulent material, swabbing out with cotton and on gauze packing. It instantly checks the putrefaction, etc. It is the best remedy to check pus formation in all suppurating wounds, and is excellent in burns, erysipelas, carbuncle and dressing wounds.

Prefers the name camphorated phenoline, in contradistinction to the proprietary preparation known by the name campho-phenique. Had published an article about one year ago, setting forth the combinations and uses of gum camphor and carbolic acid.

R. P. Johnson thought that by mixing carbolic acid, camphor and vaseline at the same time that cauterization would result.

Dr. Nicholson related some cases where union by first intention took place in extensive wounds.

R. J. Johnson read a paper on "Headaches: Their Etiology and Treatment." Headaches in childhood above any other period in life should be regarded with the greatest consideration. They are seldom unimportant. They are oft-times a warning monitor, and, if heeded in time, serious results may be avoided. The causes are to be found in overloading the stomach with indigestible food, constipated bowels, playing in the hot sun without proper head covering, producing congestion.

The headaches from which most females suffer are of the nervous varieties and are especially caused by sedentary habits, constipation, uterine and ovarian diseases. Nervous females may suffer from headache during the first few hours of menstruation when there is no idiopathic diseases of the uterus or ovaries. At this period there is a greater evolution of nerve force, which at times involves it in irritation, and the impression is carried to the brain by the sympathetic system alone or through the combined action of the cerebro-spinal nerve fibres, which are closely connected in all parts of the body.

How can the tender sensitive brain be free from pain when supplied with blood, surcharged with so loathsome a poison as may be absorbed from decomposing fecal matter when bowels are constipated. Treatment. If stomach is full, free emeses. If bowels are torpid, large enemas followed by saline cathartics. If head is hot, apply cold. If feet are cold, apply heat. Careful diet is always indicated.

AFTERNOON SESSION.

Resolutions were adopted indorsing the efforts now being made for the prevention of blindness from ophthalmia neonatorum by legislative enactment.

Resolutions of thanks were adopted to the R. R.'s, the Kimball House, Dr. Westmoreland, the president, the secretary, the profession of Atlanta and the daily papers.

The officers were then installed, and after prayer by J. B. Cowan, the society adjourned to meet in Chattanooga, the second Tuesday in October, 1895.

HOLIDAYS IN IRELAND.

Many thousands of persons, English and Scotch, who have enjoyed the pleasures of a Continental tour—have visited foreign spas, have climbed Norwegian hills, have crossed the Swiss lakes, have never set foot on Irish soil. It is difficult to discover a reason for estimating the advantages derived from travel in direct ratio to the sum expended on locomotion and the distance covered. Ireland is pre-eminently a country of natural beauties. It contains within itself the attractions in miniature of a whole continent—a country of rivers and lakes, of woods and fells and sweet valleys. Its geology has a never-failing interest, and the botanist finds rich treasures in its soil. To the sportsman it is a land of delights. Its rivers abound with fish; its hills are rugged and picturesque, like its rocky coasts; its people everywhere have points of interest for the tourist, and the Irishman as a host is unsurpassed for cordiality and generosity by any in the world. The untraveled Englishman has somehow or other got it into his head that Ireland is a country of bogs, varied here and there with some lovely spots. Mr. Michael Davitt thus describes the attractions of Irish scenery: "For joint landscape and sea views I would challenge any spot on earth to compare with the view that can be had from the top of Killiney Hill, embracing a hundred miles of indented coast line, the cone-shaped Wicklow Mountains, wooded valleys and almost every other feature that charms the eye in nature's rich adornment. There is not a single county round our coast that does not possess natural attractions that would repay holiday seekers for a visit and entice such visitors to come again. In Connemara we possess a miniature Switzerland with scores of climbable mountains, lakes round every corner, and almost everything that the eye loves to dwell upon in nature." Those who are familiar with Ireland will appreciate the accuracy of the description and will hail with satisfaction the efforts which are being made by the Association for the Promotion of Home and Foreign Travel in making the country easily available for travelers. The railway companies are lending their practical assistance.

NEW YORK STATE ASSOCIATION OF RAILWAY SURGEONS.—PROGRAMME OF THE FOURTH ANNUAL MEETING TO BE HELD IN THE ACADEMY OF MEDICINE, 17 WEST FORTY-THIRD STREET, NEW YORK CITY, THURSDAY, NOVEMBER 15, 1894.

SHALL WE AMPUTATE? OR SHALL WE WAIT?

Morning session 9.30 A. M. sharp.

Reception of guests and roll call.

1. President's address, "Important and Unsettled Questions in Railway Surgery."

SPECIAL TOPIC.

2. "When Shall We Amputate?"

(a) Arguments Favoring Early Amputation. By Dr. W. L. Estes, chief surgeon Lehigh Valley Railroad, South Bethlehem, Pa.

Discussion by Professor J. B. Murdoch, Pittsburg; Professor J. S. Wright, Brooklyn; Professor A. P. Grinnell, Burlington, Vt.

(b) Arguments Favoring Delayed Amputation. By Dr. T. H. Manley, surgeon Harlem Hospital, N. Y..

Discussion by Dr. C. M. Daniels, Buffalo; Professor J. S. Wright, Brooklyn; Professor A. P. Grinnell, Burlington, Vt.; Professor J. B. Murdoch, Pittsburg.

(c) "Technique of Amputation." By Professor John A. Wyeth, New York.

3. "Asepsis and Antisepsis in Surgical Work." By Dr. F. A. Stillings, Concord, N. H. Discussion opened by Professor A. P. Grinnell.

AFTERNOON SESSION.

Business meeting at 2 P. M. Scientific work at 3 P. M.

4. "Special Features in Railway Surgery." By Dr. C. B. Herrick, Troy. Discussion opened by Dr. G. P. Conn, New Hampshire.

5. "The Immediate Care of Railway Injuries." By Professor J. A. Van Duyn, Syracuse. Discussion opened by Dr. George Chaffee.

6. "Important Factors in Unusual Results Following Traumatisms." By Dr. R. S. Harnden, Waverly. Discussion by Dr. P. A. Skiff, Frankfort; Dr. C. S. Parkhill, Hornellsville.

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PHILADELPHIA, NOVEMBER 10, 1894.

THE PLACE OF PHARMACOLOGY IN A MEDICAL CURRICULUM.

In recent years, since Virchow revolutionized our views through the propagation of his doctrine on the cellular theory of pathology, and since the germ theory of disease has secured a dominant position in medical science, no medical college is regarded as at all fully equipped unless it has a laboratory plant for the teaching of microscopical pathology and bacteriology.

These are not only expensive to construct and maintain, but they require an addition to the teaching faculty of trained experts in this new province of medicine.

The new regime greatly adds to the labors of the student and demands of him a considerable sacrifice of time.

The object of laboratory teaching is to place the art of medicine on a scientific foundation; and, that it has accomplished this, in the direction of diagnosis, to a considerable extent, goes without saying.

But in the way of simplifying or bringing the direction of therapeutics under any definite system, in shedding any light on treatment or putting into our hands more effective curative methods, experimental medicine has lagged far in the rear.

With a few rare exceptions our most valuable medicinal agents are wholly empirical in their action. This being understood, would it not be in the interest of the student, and for his increased usefulness in his future career, if he were taught something practical of medicinal ingredients, their physical qualities and chemical composition; how to recognize the genuine from the spurious; the fresh from the stale; how they are prepared, mixed and dispensed?

Is there anything which would be of more practical value to the student, or would serve him in better stead, than a moderate knowledge of pharmacy?

It may be said that it is quite enough that the student confine himself to his legitimate studies; and that there are already an abundance of competent pharmacists in every community; which is true. Nevertheless, the practical fact stands out that the masses prefer the physician who saves the expense of prescriptions and dispenses his own medicines.

This has helped the homœopathic practitioners to secure their grip on the community, and driven physicians into quite generally dispensing tablet triturates to their patients.

The profession of to-day, which has to contend with the mammoth free dispensary system, which has degraded and demoralized the people; with overcrowded ranks and an excess of leisure on its hands, its members can very well turn a part of their time in preparing from the crude drug nearly every species of medicine necessary for their patients.

Therefore, no branch of medical science should be taught the student with more care and thoroughness than this; none will prove more profitable to himself, or to the advantage of those under his care, whose prospects of prompt recovery often depend on the quality of the medicine administered.

PROFESSOR H. A. HARE ON THE POSITION OF THE HEAD IN CONDITIONS OF INHIBITION OF THE RESPIRATORY REFLEXES.

On the evening of October 8, Professor H. A. Hare, of Philadelphia, presented an essay before the New York Co-Medical Association, which dealt chiefly with the accidents in ether and chloroform anaesthesis; besides, the position which the head should be placed in to best obviate an impulsion of the pharynx by the tongue, and to aid in keeping the glands open.

In order to the better demonstrate his position he produced the upper part of a cadaver, with the calvaria removed. In this manner he showed by looking down through the foramen-magnum that when the tongue was drawn forward and upward and the head was so bent forward as to bring the chin snugly down on the sternum the epiglottis is always raised and the rima cleared.

He believed that this procedure had a place in coma from any toxic agent, or even in that succeeding an injury to the brain; that by it an impediment to respiration was removed and the patient so placed that re-establishment of breathing was best favored.

Speaking of ether and chloroform, in the matter of choice in operations, while he freely stated, "that, on the whole, choloform was the most fatal, yet, he believed that, while perhaps more left the operating alive after taking ether, it was an open question whether or not the ultimate lethality was not greater than when choloform was taken.

Death, in his experience in choloform poisoning, was primarily at the respiratory centres, breathing always ceasing first. He believed that when it was borne in mind that the vaso-motor system of nerves are actively concerned in the capillary circulation, we can the better understand why a prophylactic injection of atropine serves an important service in all cases wherein the general circulation is enfeebled.

That Washington doctor who claims to know how to save thousands of lives now sacrificed by the prevalence of diphtheria charges other physicians with following "Jack-o'-lantern ideas." He isn't. Fifteen thousand dollars is what he wants.

EURYDICE.

One of the stories told of Dr. Holmes is that one day old Dr. Peabody was to meet him at a certain place. The venerable professor rode to the place in a carriage. When he got there he was met by Holmes, who had walked. Near by was a statue of "Eurydice," and Holmes said: "Ah, you ride, I see!" "Capital, capital!" cried Peabody. That night he went back home, and said to his wife: "Holmes got off a good joke to-day." His wife asked him what it was. "Why, I was to meet him down at the statue of 'Eurydice,' and when I arrived he said quite happily, 'Oh, you came in a carriage.'" And the genial professor wondered why his wife didn't laugh.

Be noble! and the nobleness which lies
In other men, sleeping, but never dead,
Will rise in majesty to meet thine own.
—J. R. Lowell.

Book Notes.

A TREATISE ON THE DISEASES OF THE EAR. By T. Mark Hovell, F. R. C. S., M. R. C. S. Published by J. A. Churchill, 11 New Burlington street, London, Eng. Price, 18 shillings.

This is a text book on the diseases of the ear. It begins with the anatomy and physiology of the organ, then takes up the examination of patients suffering from aural affections, the examination of the ear and determination of the hearing power, examination of the nose, pharynx, and eustachian tubes, methods of treatment, diseases of the external ear, including injuries and skin affections, inflammatory and specific diseases of the ear, as well as new formations of the auricle. Diseases of the middle ear are also considered, as well as cranial and other complications. Diseases of the bones are next considered, and neuroses of the auditory nerve. Electricity in the treatment of ear diseases is considered and artificial aids to hearing.

The work contains 122 cuts and consists of about 700 pages. The quality of the printing and the paper is admirable.

THE POCKET ANATOMIST. By C. Henri Leonard, A. M., M. D., Professor of Gynecology, Detroit College of Medicine. Leather, 300 pages, 193 illustrations, postpaid, $1. The Illustrated Medical Journal Company, Publishers, Detroit, Mich.

The eighteenth edition of this popular

anatomy is now before us; it is printed upon thin paper and bound in flexible leather so as to be specially handy for the pocket. The illustrations are photo-engraved from the English edition of Gray's Anatomy, so are exact as to their details. Three large editions have been sold in England, testifying to its popularity there, and some 16,000 copies have been sold in this country. It briefly describes each artery, vein, nerve, muscle and bone, besides the several special organs of the body. It contains more illustrations than any of the other small anatomies.

WHY CHRONIC URETHRITIS IS ORDINARILY DIFFICULT OF CURE AND AN EFFICACIOUS METHOD OF CURING IT. By Bransford Lewis, M. D., of St. Louis, Mo. Reprinted from the Tri-State Medical Journal.

STOMATITIS NEUROTICA CHRONICA. By A. Jacobi, M. D. Reprinted from the Transactions of the Association of American Physicians, 1894.

THE PRODUCTION OF DISEASES BY SEWER AIR. By A. Jacobi, M. D. Reprinted from the New York Medical Journal for July 28 and August 4, 1894.

REPORT OF THE BOARD OF MANAGERS OF THE PENNSYLVANIA HOSPITAL. 1894.

THE MODERN RAIN-BATH. By William Paul Gerhard, C. E.

A NOVEL HOT-WATER APPARATUS FOR RAIN OR DOUCHE BATHS. By William Paul Gerhard, C. E. New York, 1894.

Notes by the Wayside.

BY ERNEST B. SANGREE, A. M., M. D., PHILADELPHIA.

The funny men in the alleged funny papers have so long made merry over the man with the cloven breath that I am rather timid about advocating this odoriferous spice. Yet my experience has been that the clove is a good anti-nauseant. Persons who get "qualms" when riding in the cars or on boats can almost certainly quiet them by slowly chewing a clove or two. Indigestion, accompanied by formation of gas, nausea and dizziness, will often yield to the same simple measure. There are other and better means of accomplishing these results, but the value of the clove is that they occupy so little room, are so easily carried about and can be so readily gotten when wanted.

I am glad to see that at least one State is waking up to the enormity of food and medicine adulteration. Ohio is fortunate in having appointed a committee of men who know what to do, and how to do it. During the last six months they have brought into Court about 90 cases of food adulteration, not one of which has been decided against them. They are now starting in on the druggists, where they will probably find ample to reward their investigation.

For instance, one druggist is on trial for selling the stuff widely advertised as Paskola. A Brooklyn chemist says that this is a predigested food, but food of a kind that can be gotten in a rather less expensive manner. In other words, that it is glucose, or predigested starch. He says he also found hydrochloric and sulphurous acids, but not a trace of albumen.

* * *

Why do medical men not take more practical interest in the subject of cooking? Many of our bodily ills and about one-half our domestic troubles have their origin in poorly cooked food. Boston has awakened to the necessity for good food and now teaches cooking in her public schools. In years to come I expect to hear of Boston homes as noted for domestic harmony as well as for mental culture.

* * *

"Doctor," said the colored female dispensary patient, who was troubled with vertigo, "I believe the whole trouble comes from thinkin' so much. I think so much my brain gives out. Las' night I was awake for hours thinkin' an' thinkin', and when I did go to sleep I dreamed the successful night."

TOO MANY PEANUTS.

A New York woman died on Saturday of peritonitis, brought on by eating peanuts. During the week she ate several quarts, and at the post-mortem examination a quart of undigested peanuts was found.

Smith College (for women), at Northampton, Mass., has now a spirited "Gymnastic and Field Association," which at present owns two boats and keeps in order the 14 tennis courts on the campus, as well as superintending the basket ball games held occasionally on the ground laid out for that purpose on the back campus.

Surgery.

Under the charge of T. H. MANLEY, M. D., 115 W. 49th St., New York.

THE NUMBER OF HOURS THAT RAILROAD EMPLOYES SHOULD WORK.

By MM. Pietra, Santa and R. Regrier (Paris).

In a general way, it may be said that the regulations of every properly conducted railroad should permit the employes a reasonable share of time for rest and recreation. This is demanded, alike by the employes and the general public, who travel on the roads. The ministerial circular issued in 1882 directed that twelve hours should be the utmost limit.

The regime of double equipment in France necessitated an augmented personnel, with a corresponding increase of the responsibility of the companies and the State. Since 1882, when the new regulations went into effect, the condition of the employes is vastly improved.

M. Singer, in relation with the above, moved the following: viz.: "That the Nineteenth International Congress of Hygiene and Demography, recognizing the salutary advantages which have accrued to the mechanics and unskilled employes and to the State since the working hours on railroads have been reduced, it now declares that in its opinion eight hours should be the maximum. And, as night employment is always detrimental to the health of employes and passengers alike, it should be discontinued."

—(Le Mercredi Med. No. 40—481).

ON THE CAUSES OF INGROWING TOE-NAILS.

M. Felix Regnault cites the writing of authors who blamed a lymphatic tendency, tightly-fitting shoes, etc., as a cause of ingrowing nails.

In one ward he had 34 males suffering from this trouble. Sex seemed, however, to make no influence.

In his opinion, a constitutional dyscrasia was but a secondary factor in etiology. Badly-fitting shoes was the active cause. Shoes too small, too short and made of coarse materials keep up a pressure, which produces a deviation of the course of growth of the nail root.

A toe thus effected was susceptible to ulceration, inflammation, etc., through a very trifling traumatism.

—(Le Mercredi Medical).

TREATMENT OF CANCEROUS GROWTHS BY ELECTROLYSIS.

M. G. Darin reports the case of a man, 65 years old, who had an extensive cancerous growth, which spread into the labial commissure and included the right ala-nasi. It was so situated that it could not be excised. He employed the galvano-cautery for its destruction, and, after two months, completely swept it away, leaving nothing but a narrow scar to mark the former site.

—(Le Mercredi Medical, 5 Sept., '94).

TUBERCULOSIS OF THE ESOPHAGUS.

M. Bauer (of Nuremberg) reports the case of a consumptive, who, as the disease advanced, commenced to show signs of obstruction in the esophagus, with the most painful dysphagia and radiating pains in swallowing.

About 22 centimetres from the incisor teeth a stricture was made out shortly after the patient died, when a large ulcer was found low down in the esophagus, with a large abscess which rested on the tube forward, encroaching on the medistinal space. On examination of the pus, it was found to be tuberculous.

The author dwells on the importance of a most thorough examination into the etiology of these strictures, for he is confident that not a few set down as cancerous are of a tuberculous origin, which, if recognized early, may be arrested by a proper therapy.

—(Le Mercredi Med., Aout., '94).

HEMATONEPHROSIS.

M. Levi presented the case of a patient who had hematuria for three months. Lately there appeared severe lumbar pain. Palpation reverted a large oblong fullness over the seat of the right kidney. A nephrectomy was performed. Extensive adhesions were found, and a considerable loss of blood ensued. On examination the growth was found to be epithelial. The ureter was quite entirely obliterated.

—Societe Anatmique, Seance du 27 Juillet, '94.

Medicine.

Under the charge of E. W. Bing, M. D., Chester, Pa.

IODIDE OF POTASSIUM IN SYPHILIS.

The application of iodide of potassium is not, as some say, restricted to the tertiary stage, although it is most effective in that stage; but is also of great use in the primary and secondary stages. It is indicated in the primary symptoms when induration is considerable and resembles a gumma when ulcerating, and more still if phagedenic.

It is efficacious throughout the whole of the secondary phase. The proper dose is about 30 grs. for a man, and 15 for a woman daily. Smaller doses are ineffectual and sometimes cumulative. In all cases it is better to err in excess than in too little. It is best given just before meals or just after.

—Le Courier Med.

TREATMENT OF METRORRHAGIA.

		Gram.
R Ergotine	2½ dr.	10
Distilled water	2 oz. 2½ dr.	70
Glycerine	2½ dr.	10
Ac. salicylic	3 gr.	20

Dessertspoonful in three of water, injected into the rectum.

SUBCUTANEOUS INJECTION OF ARTIFICIAL SERUM IN SEVERE HEMORRHAGE.

A young woman was taken during pregnancy with an abundant hemorrhage. The general phenomena were grave hemoine. Injected in quantity of 800 grains in the buttocks the following solution:

R Phosphate sodium, aa.....8 gram
Chloride sodium, aa.
Distilled water .....1 litre

Three hours afterward the liquid had disappeared, consciousness had returned, pulse improved, diuresis was checked and patient cured.

—Gazette de Gynecol.

RUMINATION OR MERYCYSM IN MAN.

Merycysm has two forms, simple and pathological. The last may be subdivided into three forms:

1. Merycysm of neuropathic origin, with or without dyspepsia.
2. That of dyspeptic origin.
3. That dyspeptic in its origin, but not disappearing with the cure of the dyspepsia.

It is to be considered as a gastric neurosis.

The act of regurgitation is a reflex act, whose point of departure is in an exaggerated sensibilty, congential or acquired, of the gastric mucous membrane.

The mechanism resembles the mechanism in the ruminants, and consists of spasms of the diaphragm and inspiratory muscles, diminishing the intra-thoracic pressure, enlarging the esophagus, whilst the abdominal muscles compress the stomach.

VIGUIRAT'S TREATMENT FOR TUBERCULOSIS.

The theory of this new plan of treatment is that the B. tuberculosis proliferates in the system without producing toxines; that it kills, by the lesions which it produces, whence the therapeutic indications are to stop the proliferation, and reduce the bacillus to the condition of an inoffensive foreign body. Therefore the bacillus is not virulent.

To bring about this result M. V. has used serum treatment in all cases, excepting in tuberculous meningitis.

The latter, he thinks, destroys by the excavation it produces by alternations in the circulation, augmenting the arterial pressure and starving the venous circulation. He finds the serum from the ass to be most refractory to the development of Koch's bacillus.

A NEW METHOD OF MIXED ANESTHESIA.

Langlois and Mamange to avoid the action of chloroform on the heart give one-quarter hour before using the anesthetic a hypodermic injection of one centigramme of morphia and three centigrammes of sparteine in one c. c. of distilled water. In 148 anesthesias (in aged, tuberculous and albuminurics) lasting sometimes two hours, there have been under this plan no heart symptoms. Narcosis is rapid, easily maintained by small doses of chloroform. In a few cases respiration became weak, but the heart's beats kept up without weakening. Traction on the tongue overcame this without difficulty.

—Le Prog. Med.

Electro-Therapeutics.

Under the Charge of S. H. Monell, M. D., 44 West 46th St., New York.

REPORT OF THE FOURTH ANNUAL MEETING OF THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION CONTINUED.

(Held in New York Sept. 25, 26 and 27, 1894.)

The next paper read before the association was one of exceptional interest, entitled "Notes on Goitre and Improvements in Apparatus for Treatment of Same," by Dr. Charles H. Dickson, of Toronto. The important situation of the thyroid rendered Grave's disease a most interesting one to physicians. Four years ago he had decided that in electricity we had a superior agent for the treatment of this disease. It was not an easy diseases to treat, but he believed that the varied results reported, showing a large proportion of failures with electricity were chiefly due to faulty apparatus and the inexperience of the operators. His paper, however, would deal with the subject of primary goitre rather than the exopthalmic form.

He cited leading authorities to show how unsuccessful medical and surgical procedures had been, and stated that he had devoted a large amount of time during the past year to determine the best method to apply electricity. For this purpose he had placed at his disposal the resources of leading hospitals in his vicinity and the co-operation of the profession. He had made many test applications. One method, useful in ordinary cases, employed flexible clay electrodes with high currents. The positive was placed over the shoulder, the negative over the goitre. The electrodes were well warmed and moistened, and held in close contact for 10 to 12 minutes, while the current was gradually increased to 100 mil. A cold cloth was then applied to the skin, after which it was dusted with a cooling powder. The application should always be made with the patient in a recumbent position. This tended to avoid vertigo and sympathetic disturbances, and was a useful precaution.

In other cases too far advanced for the above method he employed puncture. He inserted a platinum needle along a path made with a tenotomy knife and passed a positive current of 100 to 150 millimetres for from 8 to 10 minutes, repeating the application at intervals of a week or 10 days. In larger and advanced fibroid forms he also employed the negative needle to hasten softening. In some cases he had inserted both needles into the goitre.

Variations in method were then described, showing the adaptability of the general principles of electrical treatment to a great variety of cases. Dr. Dickson said that he had done a great deal of work to prove that the electrical treatment of goitre had been greatly misjudged, even by electro-therapeutists themselves. He had during the past year examined all the latest authorities on the subject and found them all disappointing. He considered his work an advance on all previous work. A method which he had especially developed was an injection of a solution of salts. He exhibited special electrodes, trocars, canulas, etc., and also an aspirator which he employed.

This method is adapted to cystic and colloid forms. Puncture is preferable in vascular types. This paper was the third in a series presented to the association at its annual meetings by Dr. Dickson reporting his yearly progress in the work in his especial field.

In discussing the report, Dr. Smith said that he had obtained gratifying results by galvanization through the neck with a gradual increase of the current up to tolerance, say 30 mil., and had never employed puncture as yet.

Dr. Kellogg put his patients with the exopthalmic form in bed and on a low diet to reduce the blood pressure. He then administered 20 to 40 mil. of constant current externally through the neck, and also through the solar plexus, a very important point, as there was often great hyperaesthesia of the solar plexus. He had never failed to relieve a case of distressing symptoms, and often reduced the size of the goitre. He placed the positive electrode on the goitre, and the negative on the abdomen.

Dr. Walker also referred to a case of animal distress which he relieved by two weeks' treatment of 130 mil., applied in a similar way.

Dr. Dickson closed by stating that most of his cases were patients who had already gone the rounds of hospitals and surgeons, and had not been benefited until he applied his methods. He was able to employ high intensities, because he used large clay electrodes. He felt entitled to recognition for originality, as he found no description by any previous authority of the special features he had developed in his practice.

Following the reading of this paper came a symposium upon "Metallic Electrolysis," in which several well-known authorities gave their views. The process was stated to be one of the most important that had come into medicine. Electric diffusion presents an obvious advantage over ordinary topical application of the same medicaments. Routine local methods may be compared to a nail laid against a board while electricity is the hammer that drives the nail home.

The use of soluble metallic bulbs was discussed at length. Low current strengths, with long sittings, were preferable in the treatment of lupus, acne, etc. Two mil. was sufficient in most cases. Four to 8 mil. were employed in catarrh and ozena, 1 to 2 mil. in urethritis, while within the uterus 20 to 30 mil. were required. The dose is influenced by the size of the electrodes. Each metal bulb must be brightly polished before using. In cupric electrolysis the adherence of the electrode to the tissues is a point to bear in mind. Cupric applications are especially efficient in trachoma. Simply evert the eyelid and rub the copper bulb over the sago-like granulations. One or 2 mil. passed for two or three minutes twice a week is sufficient. Eight cases were cited in which this method produced cures in an average of a month. Many cases of ozena were treated by copper and zinc electrodes. The process is simple, merely keeping the bulb in motion over the affected surface and not allow it to adhere. Cases of urethritis are cured quickly. Introduce the copper sound up to the neck of the bladder. Apply 1 or 2 mil. only, just sufficient to dissolve off a little copper salt into the tissues.

An unusual case was that of a lipoma treated as an experiment, because the patient refused to have it cut out, as it was situated upon her neck. A copper needle was inserted into the tumor, but at the first sitting no current was registered by the meter. Fat is a poor conductor. In a week she returned. Pus had formed in the track of the first puncture.

Pus is a good conductor, and the needle was inserted again. This time 21 mil. was registered by the meter, at which point the patient suffered partial collapse, and the dose was reduced. The result was that the tumor, which was the size of a walnut, soon shrunk and later disappeared.

In some hands zinc electrolysis was more used than cupric. Copper is irritating. Zinc is much less so. Copper is a strong astringent, while zinc is antiseptic and caustic.

Iron would appear to be indicated in many cases, but in practice it proves to be too irritating for use. Silver, however, is an astringent salt that does not irritate or adhere to tissues. It is similar to copper in therapeutic effects. Further trial of its properties is suggested.

A peculiar point in regard to cupric electrolysis in uterine hemorrhage is an apparent delay in its effect, the hemorrhage at first being not infrequently increased. Several cases were cited showing this peculiarity. In each case the secondary effect was full control of the hemorrhage. So certain is this form of treatment to control metro- and menorrhagia that in case of failure in any given case the cause is to be looked for in defective application. Every portion of the bleeding uterine wall must be in contact with the electrode to secure good results.

Cupric electrolysis is invaluable in septic endometritis. Case after case has been reported cured in six or less seances. Cases of gonnorheal origin yield to it readily.

Cysts are closed by two or three applications of cupric electrolysis, with 20 to 25 ma. of current. In gonorrhea in the male and female and in all varieties of catarrhal inflammations, and especially in endometritis it was warmly praised by all who employed it.

In concluding the discussion of this subject a variety of metallic electrodes, sounds, etc., were shown to the meeting. Silver, zinc and copper bulbs are made by leading firms in sets of eight or 12 in graduated sizes and in several lengths and shapes.

The subject of "Hydro-Electric Methods, Physics and Apparatus," was treated by H. N. Lawrence, M. I. E. E., of England. He regretted that American physicians did not pay more attention to electric baths instead of leaving them mostly in the hands of bath establishments or charlatans. His subject was divided for consideration into the following sections: (a) Apparatus required; (b) current employed; (c) methods; (d) the patient electrically considered; (e) problems.

The author described apparatus in detail, and placed special emphasis upon the need of sound and reliable appliances.

Batteries, dynamos and street mains were discussed as sources of current supply, and methods were explained by means of which street currents may be rendered perfectly safe. The necessity for the adoption of reliable means to control and regulate strong currents was fully pointed out.

The methods considered by the author were classed as dipolar and monopolar, and he dwelt at some length upon the value of the electric douche and its adaptability to the electrization of the internal cavities of the body. Under section D the resistance of the patient was considered both apart from and in conjunction with the water. Various authors were quoted to show that the resistance of the body when immersed is three or four times greater than that of the water alone.

The problems suggested as needing solution were: 1. What proportion of the total current reaches the patient in a dipolar bath? 2. What is the extent of advantage gained by placing electrodes in contact with the body under water, seeing that the water is the better conductor, and the current may radiate outwards from the edges and back of the electrodes.*

(To be continued).

To obtain gold from sea water by means of electrolysis, Dr. Wurtz predicts will be one of the problems of the future.

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* The reader interested in the subject of electric baths is also referred to an article in this department of the Times and Register, for August 18, 1894.

Miscellany.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The secretary of this association announces the following preliminary programme for the twentieth annual meeting in Hot Springs, Ark., November 20, 21, 22 and 23, 1894:

Ball, James M., St. Louis—Cases of Traumatic Cataract in Children Treated by Extraction.

Barclay, W. F., Pittsburg—Toxics.

Barr, A. D., Calamine, Ark.—The Philosophy of Stimulants.

Beard, Charles H., Chicago—Squint, With Special Reference to an Operation.

Bernays, A. C., St. Louis—Conservative Surgery, and What It Means at the Present Time.

Brayton, A. W., Indianapolis—The Deeper Inflammations of the Skin.

Buchman, A. P., Fort Wayne, Ind.—Intestinal Indigestion.

Campbell, Robert M., Esq., Ashland, O.—The Medical Expert Witness.

Cline, L. C., Indianapolis—Some Observations on Sore Throat, Due to Concretions in the Tonsils.

Conklin, W. J., Dayton, O.—The Differential Diagnosis of Coma.

Cook, George J., Indianapolis—Constipation.

Corlett, William T., Cleveland—Syphilis, and Its Relation to Other Affections, Especially Those of the Skin.

Cordier, A. H., Kansas City, Mo.—Surgical Treatment of Uterine Fibroids; Disposal of the Pedicle.

Dalton, H. C., St. Louis—Stab Wound of Pericardium; Resection of Rib; Suture of Pericardium; Recovery.

Dean, Davis A., Pittsburg—Surgical Treatment of Trachoma.

DeCourcy, J. O., St. Libory, Ill.—Possibilities of Medicine.

Denison, Charles A., Denver, Col.—Some New Instruments and Means of Physical Diagnosis.

Dixon, Arch, Henderson, Ky.—Subject unannounced.

Fry, Frank R., St. Louis—Quinine in Chorea.

Grant, S. G., Kansas City, Mo.—A Few Remarks on the Early History of Rectal Diseases.

Hamilton, John B., Chicago—Report of a Case of Trephining for Cerebral Clot, With Loss of Vision; Recovery.

Holmes, C. R., Cincinnati—Diseases of the Accessory Nasal Cavities; Their Influence upon the Organs of Sight; Modern Surgical Treatment with Report of Cases.

Hughes, C. H., St. Louis—Spot Specialism.

Humiston, W. H., Cleveland—The Management and Treatment of Endometritis, and the Prevention of Tubal and Ovarian Diseases.

Hulbert, George F., St. Louis—Functional Stenosis; its Relation to Malformations, Dislocations and Flexions; and Conditions Characterized by Amenorrhea, Dysmenorrhea and Hyperemias;

With a Scientific Rationale in Therapeutics.

Kerr, W. S., Mansfield, O.—Subject unannounced.

Kiely, W. E., Cincinnati—Subject unannounced.

Lewis, Bransford, St. Louis—The Neatest Method of Circumcising.

Link, J. E., Terre Haute, Ind.—Colles' Fracture.

Loeb, H. W., St. Louis—Double Nasal Atresia, Due to Smallpox.

Love, I. N., St. Louis—Tubercular Meningitis.

Loving, Startling, Columbus, O.—Physicians' Prescriptions.

Lowe, George N., Randall, Kan.—Traumatic Lesions of Cranium and Brain; Report of Clinical Cases.

Lydston, G. Frank, Chicago—Observations of Residual Urine and Remarks on Perineal Section.

Marcy, Henry O., Boston—Modern Surgical Technique.

Marks, Heine, St. Louis—Subject unannounced.

McLean, Donald, Detroit—Tumors of the Neck.

Mathews, Joseph M., Louisville—Advantages and Disadvantages of Kraske's Operation.

Meisenbach, A. H., St. Louis—Resection of the Knee for Separation of the Lower Epiphysis of the Femur; Case of Two Years' Standing, in a Patient Thirteen Years of Age.

Moyer, Harold N., Chicago—Accidents and Injuries from Electric Currents of High Potential.

Norbury, Frank P., Jacksonville, Ill.—The Mental Symptoms of Cerebral Syphilis; a Clinical Study.

North, John, Toledo, O.—Enlarged Tonsils and Their Treatment.

Owen, A. M., Evansville, Ind.—My Experiments with Gold as a Therapeutic.

Parker, Charles B., Cleveland—The Surgical Treatment of Injuries of the Head.

Pope, Curren, Louisville—Headache.

Ransohof, Joseph, Cincinnati—Address on Surgery.

Ravogli, A., Cincinnati—Syphilis.

Reed, Charles A. L., Cincinnati—Reform in the Management of the Insane and the Neurotic Viewed From a Gynecological Standpoint.

Reynolds, Dudley S., Louisville—Retinitis Syphilitica.

Ricketts, B. Merrill, Cincinnati—The Spine and the Elevator.

Ridlon, John, Chicago—Infantile Paralysis.

Scott, X. C., Cleveland—President's address.

Smith, C. E., Waco, Tex.—Epilepsy.

Solly, S. E., Colorado Springs, Col.—Climate and Tuberculosis.

Sterne, Albert E., Indianapolis—Toxicity in the Production of Nervous Diseases.

Straus, Leon, St. Louis—Constipation From a Surgical Standpoint.

Sutton, R. Stansbury, Pittsburg—Laparotomy for Pelvic Diseases no Longer Necessary.

Thomas, Homer M., Chicago—Medication of the Air Passages by a New Atomizing Vaporizer; With Experiments on Animals.

Walker, A. B., Canton, O.—The Importance of Urinalysis in Diagnosis.

Walker, Edwin, Evansville, Ind.—Reflex Irritation as a Cause of Nervous Diseases.

Walker, H. O., Detroit—Subject unannounced.

Weber, W. C., Cleveland—Hydrocele.

Whittaker, J. T., Cincinnati—Address on Medicine.

Wirt, William E., Cleveland—Tumor Albus of the Knee Joint.

Wishard, W. N., Indianapolis—Influence of Inflammation of the Seminal Vesicles in Maintaining Gleet.

Zinke, E. Gustave, Cincinnati—Modern Antiseptic and Aseptic Midwifery in Private Practice.

The railroad rates for this meeting will be one fare for the round trip. A special train will leave St. Louis for Hot Springs Sunday night, November 18, via Iron Mountain route.

A stop of several hours will be made at Little Rock, Ark., on Monday, November 19.

It is requested that all who contemplate making this trip arrange their plans to join the official train at St. Louis Sunday night.

FREDERICK C. WOODBURN, Secretary.
399 College avenue, Indianapolis.

A NEW SYMPTOM OBSERVED IN CARCINOMATOUS DISEASE.

M. Bogdan believes that he has discovered a new sign of cancer of great value.

He says that over the summit of each cheek-bone there is a dilatation of the superficial veins which takes on a reddish-yellow tinge.

This symptom, he adds, preceeds all others of a local character, and is a sure forerunner of malignant disease.

It appears, however, only in cancer of the stomach, intestine or uterus that it is seen.

—Soc. de Med. et Nat. de Jassy, Roumania.

HEMOPTYSIS.

gram.
℞ Infusia digitalis ..... 4 oz. 120.
Sig.—A tablespoonful every hour until the pulse is reduced. (Brinton.)

gram.
℞ Ext. ergotae fl..... 1 oz. 30
Olei gaultheriae ..... 4 gtt. 24
M. Sig.—A teaspoonful every hour at first; then every four to six hours. (Ringer.)

gram.
℞ Sodii chloridi ..... 2 oz. 60.
Sig.—Take half a teaspoonful dry. Repeat until nausea occurs. (Ringer.)

This journal would be pleased to receive several favorite formulae from each of its readers, to be published over names or not, as the subscriber prefers. The publication will be made as rapidly as possible. It is hoped that every one will send in some one or more.—Ed. T. and R.

The Times and Register.

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Original.

THE PRACTICE OF PRIMARY AMPUTATION IN TRAUMATISMS OF THE EXTREMITIES, IN CIVIL LIFE, SHOULD BE DISCONTINUED.

(Abstract)

BY THOMAS MANLEY, M. D.

Visiting Surgeon to Harlem Hospital, New York.

FIRST.

Conceding that an amputation is an opprobrium of the healing art, that its performance always entails an irretrievable sacrifice, the dictates of conscience, sentiments of humanity, our patients' well-being, our own reputation, and, many times, corporate interests, all enjoin on us the importance of resorting to this procedure after injuries only as an extreme and last resort, when the resources of science are exhausted and we are positively assured that resuscitation of the damaged parts is out of the question.

SECOND.

As a general rule, unless the shattered, mangled limb has been quite totally destroyed or has been traumatically amputated, immediately after injury, no one can pronounce whether the limb is in a state of temporary asphyxia, suspended animation or is permanently devitalized.

THIRD.

As serious or mortal shock, from internal, organic injury, not infrequently is associated with the mechanical disorganization of an extremity, the question of severing the limb should not be entertained until reaction; for, to amputate in the moribund state, or in the presence of collapse, is not in consonance with sound tenets of surgery.

FOURTH.

In all such cases of mangling of a limb as may entail the severance of it, enough has been accomplished at the primary dressing if all shattered and entirely detached fragments of bone have been removed, efficient hemostasis secured, the parts thoroughly cleansed, the limb placed in comfortable position, dressed and splinted.

FIFTH.

Resection, ebonation and modern osteoplastic operations, when judiciously and skillfully employed, in a large number of cases, will now enable us to preserve many limbs, which heretofore have been ruthlessly sacrificed.

SIXTH.

The allegations that the dangers of septic infection, gangrene or tetanus are augmented by discarding primary amputations is not supported by facts.

SEVENTH.

By delay, until vital processes are established, advantage obtains through (a) our patient being now the better able to sustain the shock of an additional mutilation; (b) a demarcating line, clearly isolating the decomposing from the living tissues; (c) through improved nutrition, aiding recuperative processes, and (d) lastly, but not of trifling importance, it permits of a truce by which one is enabled to carefully analyze his case, consult with his confreres and authors, and decide with deliberation and discernment on the most judicious course to pursue.

EIGHTH.

As the upper extremity is the prehensile organ of the body, by the use of which our existence is maintained, and, besides, preserves a vitality and regenerative properties far in advance of the lower extremity, an immediate severance of it, or any of its digital appendages,

after an accident, when these are not wholly and irrevocably destroyed, trenches on the border line of positive malpractice and cannot be too severely condemned.

NINTH.

Nearly every description of a distorted lower extremity, free from pain, is vastly more valuable than the most expensive or elaborate prosthetical appliance for its substitute for either support or locomotion. Regardless of how or where a stump is formed, but very few ever bear an artificial limb with any degree of comfort.

TENTH.

To prematurely or injudiciously amputate a limb is a most grievous calamity, for the loss is irretrievable, and its restoration is quite beyond human possibility; while to procrastinate at its very worst can work no greater damage to the member; the only debatable feature in the subject remains: Are our patient's prospects of recovering with his life diminished by waiting until vital processes determine with precision the living margin?

ELEVENTH.

Traumatically amputated parts or limbs are those in which, though there may not be a complete physical detachment of material structures, the living bond is severed, vessels and nerves are destroyed, the parts are reduced to a pulp and hang together by the integuments, tendons or fasciae; or may have been quite completely ground or torn off. These cases do not, strictly speaking, belong to the category embraced within the above resume, for the reason that, as vital detachment has been effected, the question of a formal amputation of any description is quite out of the question.

DIRECT FIXATION IN FRACTURES.*

BY B. MERRILL RICKETTS, M. D., CINCINNATI, O.

I wish to call your attention to a subject which seems to me to be on the verge of a revolution—namely, Direct Fixation in

1st. Subcutaneous fractures
2d. Compound fractures and
3d. Ununited fractures.

The great length of time required for union of bone together with the general impairment of health, which so often results therefrom, and the various unfavorable results, such as shortening, rotation, etc., have been obstacles over which many have stumbled.

The bone ligature of Dallinger; the ivory cylinders and clamps of Valkman, Heine, Bircher and Socin; the metallic spikes and screws of Malgaigne; the ivory pegs of Riedlinger and Aufrecht, or any of the various means of suturing by wire, etc., which, while they have not as yet settled the question, have added much toward its solution.

A series of experiments carried on by myself four years ago, the substance of which was read in New York city and Washington, D. C., convinced me that direct fixation of fractures was a rational procedure and that sooner or later it would be the means adopted in the treatment of at least a certain class of fractures, especially of the long bones.

The three questions propounded at that time were:

1st. How and when may bones be restored?

2d. Should fragments of bones be permanently removed, except in case of amputation?

3d. Should not exploratory incision be made in cases of fracture of bones, when doubts exist as to their character?

Since that time I have seen nothing pertaining to the subject except an address delivered at the meeting of the American Surgical Association, May 30, 1893, by Nicholas Senn, on "A New Method of Direct Fixation of the Fragments in Compound and Ununited Fracture."

In this paper he offers the most rational means of dealing with this class of injuries that has thus far been presented (Annals Surgery, p. 125).

It is simple, convenient, efficacious and if done aseptically offers all that can be asked. Even though the wound should be infected before or after the operation, substantial bony union will result with perfect coaptation of the fragments.

Things to be kept from between the fragments:

1. Nerves.
2. Arteries.
3. Veins.
4. Foreign bodies.
5. Clots.
6. Bone spicules.
7. Muscular tissue.
8. Periosteum.
9. Ligaments.
10. Tendons.
11. Fasciae.

* Read before Ohio Association, State Railway Surgeons, Dayton, Ohio, October 11, 1894.

Things to be avoided:

1. Non-union.
2. Rotation.
3. Infection.
4. Pain.
5. Shortening.
6. Paralysis.
7. Angular deformity.
8. Overriding of fragments.
9. Injury to adjacent joints.
10. Exuberent callous.

The thing to be desired is a normal condition; surely this can only be accomplished in a small per cent. with the present accepted treatment.

If the surgeon is successful in avoiding certain conditions and in keeping the various things from between the fragments a perfect result will surely follow.

Now let us for a few minutes consider the means most likely to bring about such a result.

Dr. Senn has offered a plan purely mechanical and it seems original, at least so far as its application to surgery is concerned.

If this plan is to overcome the objectionable features of the present methods and thus deliver the profession from the annoying malpractice suits, let it be welcomed and accepted as a blessing that will always make us grateful.

If it proves itself to be such, Dr. Senn will need no other crown.

He reports three cases, two ununited and one compound fracture, having been treated by him with the use of bone rings of his design. He also reports having operated upon two dogs, in each of which perfect coaptation resulted without the ferrule being removed.

They were, however, removed in the cases of the men.

It will not be necessary to remove the rings, as they will become absorbed, providing the wound does not become infected. Should the wound become infected the rings will act as any other foreign body and must necessarily be removed, not, however, until complete union of the bones has taken place.

The ring will prevent lateral and longitudal displacement while a plaster-of-paris splint will prevent rotation.

The rings are made from the corresponding bone of the ox, that is a ring of the ox's femur will slip over the femur of man, the tibia over the tibia, etc.

They should be from one-half to one inch wide and one-quarter of an inch thick.

Fresh bones should be secured, rings cut and filed into shape.

If more than one-half inch wide a dozen or more small perforations should be made in its wall.

They should be thoroughly boiled, cleaned and kept in alcohol.

Great care should be taken not to break the ring after adjustment in applying the plaster-of-paris jacket, which should be fenestrated and encasing the entire extremity.

Dr. James L. Bauer (Medical Era, Nov., 1893) has taken up the subject of fractured femur and has treated it in a very happy manner. It is both novel and instructive.

He propounded the following eleven questions to Dr. Senn, of Chicago; Griffith, Kansas City; Park, Buffalo, N. Y.; Morton, Philadelphia; Marcy, Boston; Briggs, St. Louis, and myself.

They were as follows:

QUESTIONS.

1. What position of the extremity do you favor in oblique fractures of the shaft and what reasons actuate your practice in preferring it to others?

2. By what plan do you treat the like fractures, and what do you consider its advantages over and above others?

3. To what cause or causes do you ascribe the shortening of the femur?

4. Is the shortening effected by the overlapping of the fragments of the broken bones? If so, does the overlapping come from the lower or upper fragments, or both?

5. Or does the shortening originate by the softening of the fragments and the pressure of one upon the other?

6. Are there any means and what are they, to diminish or avert shortening altogether?

7. What provokes muscular reflex action in fractures and by what measures can they be arrested or prevented?

8. Do oblique fractures in other parts of the skeleton, as a rule, heal with shortening?

9. If not, what prevents it elsewhere?

10. Is not the formation of massive callous an evidence of imperfect apposition of the fractured bone, and vice versa?

11. As a rule, is not pain at the point of fracture and its surroundings good evidence of imperfect apposition of the bone fragments and the correction of the latter the most effectual remedy?

I herewith append the answers of Dr. Senn and myself, as we were the only persons to advocate direct fixation. They

are especially interesting, as the answers were not known to each other until their publication.

While I did not answer question No. 6 by saying direct fixation, I sent a copy of my original paper, from which I expected Dr. Bauer to quote.

Consequently, I answered the question by saying direct fixation.

I was somewhat in doubt as to just how it should be done, but I preferred silver wire until something better was presented.

Dr. Senn answered the eleven questions with forty-four words, while my own numbered seventy-seven.

In question No. 10 he answered by saying "Yes," while I said "No."

Neither do I believe that the formation of massive callous is an evidence of imperfect apposition of the fractured bone entirely.

With this exception our answers are alike.

Senn.	Ricketts.
No. 1. Straight position where shaft is broken, double inclined plane when fracture is near joints.	1. Natural eversion.
2. Extension by weight and pulley in simple, direct fixation in compound fractures.	2. Sand bags, pulleys and weights.
3. Muscular contraction.	3. Muscular contraction.
4. Yes, from lower.	4. Yes, lower fragments.
5. No.	5. No.
6. Direct fixation by rings.	6. No answer.
Senn.	Ricketts.
7. No answer.	7. Loss of support of framework of thigh.
8. Sometimes, but seldom.	8. Yes, fractured humerus or any single bone, unless fractured transversely and perfectly co-opted.
9. No answer.	9. No answer.
10. Yes.	10. No, necessarily.
11. Yes.	11. Pain may be due to a nerve, large or small, being caught between the fragments, or the pain may be due to pressure of the callous mass upon the adjacent tissues externally. Let us do away with shortening and malpractice suits.

The femur being the most frequently fractured and the most difficult to manage when fractured, makes it the most important bone to the surgeon, especially from a legal point of view.

If the laity expect perfect results from our profession, they must be equally willing to assume the responsibilities attending the necessary surgical procedures.

If they wish to avoid the things to be avoided, the surgeon must be allowed to do the things that will enable him to avoid the things to be avoided.

ILIAC ABSCESSES, NON-SPINAL IN ORIGIN.*

BY DE FOREST WILLARD, M. D.

Iliac abscesses arising from causes other than spinal caries are not infrequent. Accumulations of pus in this region should receive careful attention, as the prognosis will be greatly influenced by the source of trouble. I have seen a considerable number of these pus accumulations either from direct or indirect violence. In several instances the individual has been conscious of a sudden pain or "giving way" within the pelvis during violent exertion or sudden wrench of the body, or from other peculiar movements. This is usually followed by pain or discomfort. In two or three of my cases the pain has lasted for months, and in one instance for a year, before any positive results were discoverable. In the majority of cases a rupture of some fibres of the iliacus probably takes place, suppuration follows, and the pus slowly makes its way downward toward Poupart's ligament.

There is usually slight flexion of the leg, or at least an inclination to relieve the pain by relaxation of the tense sheath.

At the present day it is well to remember that an individual may have pain and inflammation even in the right iliac region without having appendicitis, and that a woman may have a pelvic abscess which is not due to tubal disease.

One case I recall where a man had suffered for months and had become greatly emaciated and exhausted, presenting the appearance of tubercular disease, yet was speedily and thoroughly cured by through-and-through drainage of a pus cavity in this region.

In another case the condition found was apparently due to degeneration of the tissues from an attack of the grip. The patient was not conscious of any

*Read October 10, 1894, before the Philadelphia County Medical Society.

injury having been received in this region, yet there was a possible history of rupture of some of the fibres of the iliacus several months previous to an attack of influenza. When seen he had high temperature, chills, perspiration, etc., and had been in bed many weeks, suffering intensely with pain down the leg and in the hip. The hip was partially flexed and adducted, but there was no thickening about the trochanter or hip-joint. The left iliac fossa was firm and dense, and a large tumor presented under Poupart's ligament extending down the vessels.

Two quarts of pus were evacuated through an incision just below the anterior spinous process, and a tube was carried back to a counter-opening made above the crest of the ilium. No bare bone was discoverable, and all the symptoms of hip disease were speedily relieved. There was absence of evidence of spinal caries.

In another case the mass was at first believed to have originated from an appendicitis, but this supposition was afterward proven to be unfounded.

In another instance there was deep-seated pain, emaciation, and so forth, indicating malignant disease. An incision was decided upon with the result of obtaining a large amount of pus; successful recovery ensued. In this case there was absence of all evidence of bone disease, and the result justified the diagnosis.

The conditions with which these abscesses are most liable to be confounded are abscess from spinal caries, from hip disease, and from innominate disease. I have seen a number of cases of the latter complaint, where the caries has been situated upon the inner side of the innominate bone, and in one instance the ostitis was at the internal face of the sacro-iliac junction.

It is frequently difficult to decide in a case of bared iliac bone, whether the bone lesion was primary or whether it is a secondary result from maceration in the pus.

A careful history of each case is requisite in arriving at a conclusion, and in some instances a diagnosis is only possible after an incision. In spinal caries there will necessarily be rigidity of the back, but not necessarily pain, nor even deformity. If there is vertebral ostitis there will usually be a history of "stiff back." Of course, if kyphosis is present, the diagnosis is easy.

A diagnosis from abscess from hip disease which has perforated the acetabulum is not always easy. There may be flexion of the hip; there may be adduction of abduction,and there will necessarily be rigidity with fixation, especially if tension be put upon the iliac muscle. To make a correct diagnosis requires close attention to the whole group of symptoms. If a surgeon considers a single symptom rather than the group he will find it easy to confound these abscesses with any one of the conditions already mentioned.

I have seen a number of cases of sarcoma in this region (Med. and Surg. Rep., 1894), and in the early stage I do not believe that it is possible for anyone to arrive at a positive diagnosis. The history may throw some light upon the subject; but as many sarcomas are lighted into discoverable existence by injury, even this is of but little service.

GUAICOL APPLICATIONS IN THE TREATMENT OF ORCHITIS.

Balzar and Lacom have obtained good results from the application of guaiacol in orchitis. The pure drug may be painted over the inguinal region, or, what is preferable, an ointment containing one and a quarter drachms of guaiacol to the ounce of vaseline may be applied to the scrotum. At first there is a burning sensation, lasting about ten minutes, but this is followed by a marked diminution of the pain. The relief usually lasts from three to four hours. In the most painful cases three or four applications prove sufficient.

If the ointment above suggested be too irritating, one containing thirty grains of guaiacol to the ounce of vaseline may be substituted. The guaiacol relieves pain, quiets excitement, lowers temperature and induces sleep, but in no way influences the progress of the disease.

—Sem. Med., NoV. 14, 1894.

Be noble! and the nobleness which lies
In other men, sleeping, but never dead.
Will rise in majesty to meet thine own.

—J. R. Lowell.

The Times and Register.

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PHILADELPHIA, NOVEMBER 17, 1894.

RAILWAY SURGERY.

The important problem of efficient medical service on all lines of railways is receiving more and more attention every year. Associations are formed in this specific branch of the healing art with great advantage to the railroad corporations, and an increased interest among the profession.

The feasibility of hospital cars has come into prominence,so that most roads are fitting up such to stand ready in case of emergencies.

The next problem to solve is the treatment of the sanitary uncleanliness of the ordinary railway car, and the mitigation of the dangers to the public from contagious diseases arising therefrom.

Car sanitation is one of those necessities which will be thoroughly accomplished in time. The thoughts expressed by many authors up to the present time, while far from perfect in respect to efficient sanitation, have the right principles, which only need practical experimentation to bring to a high standard of usefulness.

Ventilation, which is one of the most important problems in ordinary car travel, only needs a few commonsense ideas to be carried out for its solution. In this there should be an avoidance of crowding an apartment, with sufficient exit and entrance of pure air in such a manner as to avoid draughts.

The sleeping car is quite as dangerous an affair as the ordinary car; in fact, it may be more so. It would be vastly safer if the sleeping sections were arranged in the centre of the car, than next the windows where one may freeze on a cold night, on one side, and be uncomfortably warm on the other.

The advantage to railroad corporations of private hospitals, where the injured can have medical attendance under the eye of a surgeon of the road, is apparent in the reduction of the amount of damages that would be sought, the lessening of the cases that are incapacitated only until a goodly check for injuries received is at hand, and the value to the surgeon of the road in estimating the exact extent of injury, the value of the loss, if any, and a just and equitable apportionment both on the side of the injured as well as that of the corporation.

Any large passenger station could have a suitable room, away from the noise and bustle of daily business, arranged with all the necessary paraphernalia of a well-equipped hospital. In stations where the building is high, as here in Philadelphia, the hospital rooms could well be fitted up in the top story, where fresh air and quiet would be assured. Of course, these rooms would be easily communicated with by elevators. There would be a great deal of expense saved to the railroads by such an arrangement.

These are a few of the important points in connection with the railway surgery of to-day, and we trust the time will not be far distant when the public can receive better assurance that it will run no danger of contracting disease by railway travel.

WILL TIMES REVIVE?

The sweeping Republican victory in the recent election, giving, as it does, a goodly majority in the House of Representatives, will tend to restore confidence in business circles.

No one will appreciate better times than the hard-working physician, who depends for his daily bread upon the activity in the mills and shops, for it is only when the workingman is well employed that the doctor can have any hope of receiving his just reward for his labors.

The better the times the less will be the call on free dispensaries over the paid physician, for no one appreciates the fact that the paid physician will give better service than those who are not paid than the workingman.

Already there are appearances in business circles of increasing trade. The prospects for the winter are exceeding bright.

At this time it may be well to state to our subscribers, and others, that it is our expectation to materially improve the "Times and Register" with the opening of the new volume the first of January next. The type will probably be enlarged and more pages added to the several numbers, which will give the journal a much more readable appearance. It is not decided as yet whether the size of the sheet will be enlarged or not. The size, as it now appears, makes a volume of sufficient dimensions when bound, and it is felt that to increase it will make it unnecessarily bulky. In spite of all this change, with the additional expense it will incur, the subscription price will remain at the present rate of $1 a year. We know it is cheap, and that the journal is worth more, but we wish to impress it upon our friends and subscribers that we intend them to get their money's worth every time, and that there is no weekly journal printed that will give them so much medical literature of a practical nature for so little.

We ask your co-operation to increase our subscription list, and invite your aid during the coming year in keeping us well informed of anything of practical value to the profession at large.

The only way to receive benefit is to be beneficial to others.

JOINT SPRAINS.

In a late issue of the "Practitioners' Gazette" there appears a highly interesting and valuable contribution, by Mr. Edward Blake, on the subject of "Ankle-joint Strain."

The author enters at length on the anatomy, the functions and various changes in the ankle joint, at various periods of life. He calls our attention to the fact that the cartilaginous surfaces of the joints are devoid of nerve filaments and are hence insensitive and, that being muscular, severe attrition or concussion of them is not followed by blood extravasation into the cavity of the articulation.

The author points out with remarkable clearness the etiology of ankle strains. He gives the etymological reasons for preferring this latter designation for the lesion.

The whole subject of joint strains or wrenches is one of great importance to practitioners; for, though a common pathological condition, little is said of them in the average text book on surgery, and in consequence of a differentiation in type not being set forth, they may be all regarded as proceeding from the implication of the same structures.

A joint is essentially passive in function; its action depending chiefly on muscular influence. Their action is limited by the overlapping muscle, tendon or ligament, and, therefore, in the ordinary variety of sprains, we should not lose sight of the role played by strictures, which extend above and below the articulation, as well as those which immediately invest it. Besides, at the elbow and knee and ankle joints large nerve-trunks and important blood-vessels can scarcely escape injury in severe sprains which involve them. For this and no other reason a severe joint sprain may ultimately prove a more serious affair to the patient than a fracture or dislocation. They are often the starting point of a popliteal aneurism, severe synovial inflammation, painful neuralgias, paralysis and muscular wasting.

Anchylosis often follows, if such treatment is not early undertaken as will tend to obviate it.

Of late years the practice quite generally employed has been to immobilize the joints with fixed dressings; but this is liable to work great harm if not very judiciously adopted.

Bandage-pressure, bathing, hot, steaming applications of sedatives, herb leaves —old-fashioned and domestic, but invaluable—are indicated. Posture, massage, passive motion and moderate, early exercise are all conducive toward a prompt cure with an early restoration of the full functions of the limb.

DR. W. B. PARSONS.

The subject of this sketch, Dr. W. B. Parsons, is one of the best known practitioners of that thriving and beautiful city, Missoula, Mont. He comes of good medical stock, his father being a noted physician and surgeon. Dr. Parsons was born at Sweet Springs, Mo., a little less than 40 years ago. At an early age he desired to follow the profession in which his father had become eminent, and he was educated with that object in view. Having under his father's preceptership qualified himself for a course of lectures, he entered the Belleville Hospital Medical College in New York City, from which institution he graduated with high honors at the early age of 19. Soon after receiving his diploma he went to California, but after practicing for only one year returned to his home in Missouri, and shortly afterward to old Mexico. He was very successful in this new location, but not liking the country, went to Missoula, Mont., in 1889. He was pleased with the outlook at this rapidly growing city, and associating himself with an old college mate, Dr. W. P. Mills, soon obtained a lucrative practice. Dr. Parsons is not only a skillful surgeon, a successful diagnostician, and a physician of more than ordinary ability, but his genial disposition is such as to win him social distinction. He is popular with all classes, very emphatic in his views, and has the courage to carry out his convictions.

Dr. Parsons was married in 1876 to Miss Lida J. Mocklee, of Pettis County, Mo., and is now the father of three promising children. He is one of the county physicians for the poor farm and regular company physician for the Big Blackfoot Milling Company, which employs, several hundred men. Dr. Parsons is credited with the successful performance of a number of very difficult and delicate surgical operations, and he has done much to advance medical knowledge in the locality in which he lives.

During his stay in Missoula the writer was thrown much in contact with this talented physician, and the remembrance will always be among the pleasantest of his life.

Book Notes.

LOCAL ANESTHETICS AND COCAINIZATION IN THE REGIONAL AND SPECIAL SURGERY OF THE BODY. By Thomas H. Manley, A. M., M. D. Published by C. H. Chambers & Co., St. Louis, Mo. Cloth. Price, $1.50.

This work is quite unique in character, inasmuch as it is the first and only one in the English language which at length and systematically sets forth in detail the various uses of the local anesthetics.

At the same time it exhaustively considers the subject of cocaine as an analgesic, and its great value over the pulmonary anesthetics in the vast majority of operations on the body, both for traumatic and pathological lesions; in ophthalmic, naso-pharyngeal, trachial, abdominal, genito-urinary, hernial and rectal operations; for amputations, trephining, etc. Measures are fully described for avoiding its toxic properties and accidents.

The work should be in the hands of every practitioner who is called on to do any description of surgical operations.

BOOKS AND PAMPHLETS RECEIVED.

DISEASES OF THE ALIMENTARY CANAL TREATMENT. By Dr. James Osbourn DeCourcy, St. Libory, Ill. Published by The Journal of American Medical Association for July 28, 1894.

REPORT ON TYPHOID FEVER IN THE DISTRICT OF COLUMBIA, Submitted by the Medical Society of the District of Columbia to the Committee on the District of Columbia of the U. S. House of Representatives, June 14, 1894.

TRANSACTIONS OF THE AMERICAN OTOLOICAL SOCIETY, Twenty-seventh Annual Meeting, Arlington House, Washington, D. C., May 29, 1894. Vol. VI, Part I.

NEW INSTRUMENTS. By Seth Scott Bishop, M. D. Reprinted from The Journal of the American Medical Association, September 29, 1894.

THE THERAPEUTIC USES OF THE PNEUMATIC CABINET. By Karl von Ruck, B. S. M. D. Asheville, N. C. Reprinted from the Transactions of the Minnesota State Medical Society, for 1894.

TOTAL EXTIRPATION OF THE UTERUS BY A NEW METHOD. By Albert H. Tuttle, M. D., S. B. Reprinted from the Boston Medical and Surgical Journal of October 18, 1894.

A RETAINING SPLINT FOR EXCISIONS OF THE HIP-JOINT, WITH A CASE. By Stewart LeRoy McCurdy, M. D., Dennison, O. Reprinted from the Pittsburg Medical Review.

OLD AND NEGLECTED DEFORMITIES FOLLOWING INFANTILE SPINAL PARALYSIS. By Stewart LeRoy McCurdy, A. M., M. D., Pittsburg, Pa. Reprint from Columbus Medical Journal, June, 1894.

Surgery.

Under the charge of T. H. MANLEY, M. D, 115 W. 49th St., New York.

FRACTURE OF THE SPINE, COMPLICATED BY A COIL OF THE INTESTINE CAUGHT BETWEEN FRAGMENTS.

The patient was a soldier, who fell from a window, about 50 metres.

When entering hospital, patient was pale, collapsed and in great pain.

There was a contusion over the parietal bone, but no fracture.

At the junction of the second with the third lumbar vertebra there was an incurvation, excessive mobility and other indications of fracture. When he rallied from shock he was placed in a plaster jacket. But there was no relief of pain and he sank on the third day; 24 hours before death well-marked symptoms of intestinal obstruction and peritonitis setting in.

On autopsy, there was a fracture of the third lumbar body found, between the surfaces of which a coil of the small intestine was caught and tightly compressed.

—Gazette Hebdomidaire, 29, '94.

INTRA-VENCUS INJECTION OF SUBLIMATE IN SYPHILITIC AFFECTIONS.

By M. Lewin, Dermatological Society at Berlin, July 12, '94.

For some months past the author stated that he had thoroughly tested Bacelli's method of intra-venous injection of mercury in venereal disease.

He declares that the method was by no means simple, that sometimes the lumen of the vein could not be entered at all, in fat or muscular subjects. We could usually provide against air entering with the fluids; but abscess formation frequently followed at site of puncture.

In tertiary syphilis the symptoms quickly yielded to these injections.

—Le Mercredi-Medical, 19 September, '94.

THE TREATMENT OF SURGICAL SHOCK AFTER LAPAROTOMIES.

In a paper read before the San Francisco Gynecological Society, Dr. C. E. Cooper lucidly exposes the course to be followed for the prevention and treatment of surgical shock after laparotomies. Intense pain is to be recognized as a factor in the production of shock, and it behooves the operator to do his best to prevent it. Opium is decidedly contra-indicated, and the speaker is disposed to agree with Boise, who advocates the employment of codeine in one grain (0.06 centigram) doses, hypodermically, as possessing a strong relaxing power and being devoid of the depressing and constipating effects of morphia. Nitrite of amyl and nitro-glycerin, both relaxing arterial spasm, are also indicated in the first stage of spasm.

Dr. Cooper insists upon the utility of hot water enemata. The consuming thirst which follows intra-abdominal operations, due to irritation of the sympathetic system and outpouring of large quantities of serum within the peritoneal cavity, is best relieved in this manner. The clyster acts as a sedative to the irritated surface and tends to prevent violent and reverse peristalsis. It also restores to the blood some of the fluid abstracted from it by the serous accumulation, and causes a reversal of the direction of the current of serum from the peritoneal cavity toward the intestine. A pint to a quart should be thrown in the colon, with a long tube, and repeated as often as necessary to allay the shock and lessen the frequency of the pulse. Following the first stage of spasm, that of relaxation appears, being characterized by a very soft, compressible pulse. Here stimulation and not sedation is needed, and for this purpose strychnine is the best remedy, in large and frequent doses. Digitaline has an excellent synergistic action to strychnine, and may be employed at the same time. The intravenous injection of normal salt solution (8-1000) is also of the greatest importance, increasing the volume of the pulse, stimulating the heart, and increasing the quantity of fluid contained in the vessels. Alcohol, of course, is also to be used. Heat is also a factor that must not be neglected. It should be applied during the operation, if necessary, by means of hot water bottles, which are also to be placed in the patient's bed after removal from the table.

—Pacific Medical Journal, March, 1894.

SURGERY OF THE BILLIARY PASSAGES,

M. Tuffier reported two cases of disease involving these passages.

The first was a female 22 years old, who had severe bilious colic for eight years. Tuffier found two large indurated growths which occupied the head of the pancreas and blocked the common duct. These could not be removed. Then a cholocys-enterostomy was made. The patient sank 28 days later.

On autopsy a massive growth was discovered which had its origin in the minature ganglia.

Second case, patient 28, a female, had alternately colic and icterus. In this case, as in the former, the extent of infiltration in a new growth at the head of the pancreas rendered its removal impossible. The full bladder was so contracted that a cholocys-enterostomy could not be performed. Then a cholocystostomy was made. Three months later the patient sank.

M. Monod had also two similar cases. On December 13, 1893, he first operated on a young woman 33 years old, who had hepatic passes, without icterus. There was an antecedent hereditary history. She had a large tumor over the anterior aspect of the right lumbar region. M. Monod undertook an explanatory laparotomy. The gall-bladder contained 80 grammes of a yellow syrupy material. He then made a chlolcystostomy, and his patient recovered, though a fistulous opening remained. The other was a similar case, from which a large number of calculi were removed and an adventitious opening made.

—Soc. de Chirug.—2 Mecred. Med.

IMMEDIATE SURGICAL INTERVENTION IN PERFORATIVE ULCERS OF THE STOMACH.

By M. P. Michaux.

The question of treating ulcer of the stomach by immediate surgical interference never came up before a congress of French surgeons before.

On September 23, 1894, a man was entered at Beaujou Hospital, in the service of M. Leon Larrabee. The patient was 30 years old, a railroad hand, who, the day before, while lifting a rail, felt something give way in the region of the stomach. The pain following was of a most agonizing character. Half an hour after he took a glass of wine, when his sufferings were greatly intensified. He said that he felt as though something intensely hot had suddenly spread over his whole abdomen.

When he came under M. Michaux's care, a few hours later, perforation of the stomach was diagnosed, and an immediate laparotomy was recommended.

On section of the peritoneum a quantity of gastric secretions and partly digested food escaped through, showing that the stomach was somewhere opened. Now, a search was instituted, when a perforation was made out, low down on its posterior wall.

It was found quite impossible to dissect away the necrotic borders of the ulcers, owing to its situation and the stomach's movements. Instead, the side of the stomach wall involved was turned in and plaited with two rows of running sutures, after the plan of Lambert, to close in the serosa.

Recovery was tedious, but complete. He gained in weight and strength, and returned home, quite recovered in health, two weeks after the operation.

—La Demaine Medicale.

MODERN SURGERY OF THE BRAIN.

John Berg believes that the surgeon, who, in cases of evident or supposed injury to the brain, neglects to lay open the diseased area and take advantage of the present surgical methods, is guilty of an unpardonable fault. As regards the surgical treatment of epilepsy, owing to the relative absence of danger and the incurability of the affection, he believes operation to be legitimate after a proper diagnosis of traumatic Jacksonian epilepsy, the starting point of which is an accessible centre. As to surgical interference in tumors and mental diseases, arising from injury, the value of operation is still uncertain; trephining in general paralysis, however, he freely condemns, as well as craniectomy in idiocy, which too often is performed at random.

—Hygiea, lvi. 7, p. 64.

GANGRENE OF THE UTERUS.

Maag relates two cases of this kind—one due to inversion of the uterus and the other to retroflexion in the fourth month of pregnancy. The latter ended fatally, while the former patient recovered after extirpation of the uterus.

—Hospitals-Tidende, p. 373, 1894.

Medicine.

Under the charge of E. W. Bing, M. D., Chester, Pa.

MIXED ANESTHESIA BY CHOLOROFORM, MORPHIA AND SPARTEINE.

Langlois and Maurange presented to the Academy of Medicine a new method of anesthesia as per the title. Since death usually results when chloroform or ether alone is employed, from syncope, they sought to prevent this accident by avoiding the causes which led to it.

The usual methods having not proved entirely successful, it occurred to them that the investigations of Laborde and Masine on sparteine showed that it would by its action on the heart and its influence over the pneumogastric, be likely to act in the manner desired, and the trials proved that the theory was correct.

The plan is as follows: 15 minutes before the chloroformization is begun one c. c. of this solution is given.

	grams.
R Hydrochlorate morphia	10
Neutral sulphate sparteine.....	30
Sterilized water, q.s.....100	

(Keep in a sterilized flask.)

The results of 148 cases have been excellent. There has never beeen up to the present time any sign of cardiac complication, whatever the gravity or duration of the operation may have been. With the previous injection of one c. c. of the solution (containing 1 cgm. of morphine, and 3 to 5 cgms. of sparteine) narcosis has been rapid and easily kept up; the pulse has remained full and regular.

In some cases where narcosis has been prolonged two hours or more, despite the weakness of respiration, the heart has beat regularly and with vigor and simple tractions on the tongue restored the respiration and allowed a continuance of the inhalation.

—Courier Med.

GLYCOSURIA OF NASAL ORIGIN CURED BY RE-ESTABLISHMENT OF NASAL BREATHING.

The morbid symptoms which nasal affections determine in the different systems, or organs, are numerous, but cases of glycosuria originating in this way are rare. The following case is illustrative:

M. X., 45, ten years previously had retro-tonsillary abscess and vegetations of the retro-nasal cavity, which were easily removed. Afterward, for some time, he kept well, until 1890. He was then taken with general persistent malaise, weakness of sight, headache, ringing in the ears, etc. Sleep was agitated. These symptoms became worse during the next year, when he, in addition, had intense and continued thirst, with frequent calls for urination; itching of the skin, dryness of the throat, from nasal obstruction, and signs of exhaustion and decay.

Rhinoscopic examinations showed almost complete obstruction, due to chronic hypertrophic catarrh. Pharyngitis was also present; the urine showed 43 grammes of sugar in the 24 hours.

The patient was treated for diabetes, and the nasal trouble was attended to at the same time, and in proportion as this improved, the sugar diminished, until it was entirely absent; then, in consequence of a cold, respiration was interfered with and the sugar returned—to again disappear on treatment.

The theory is that the disturbance of respiration by lessening the amount of O exerted a reflex action on the nervous centres governing circulation, and the secretions of the gastro-intestinal system and liver, producing trophic disturbances in the other systems.

—Rev. de Laryngologie.

GUAIACOL AND CREASOTE AS EXTERNAL APPLICATIONS IN FEVER.

This method has been used in typhus and tubercular patients with great success. The application is made by friction over the abdomen with a lotion or ointment containing 25 drops pure guaiacol, or 30 drops of wood creasote. This is rubbed in by the hand until it is absorbed. The stomach is then covered with a warm pad. Temperature is taken every hour. In 12 cases temperature fell and remained at normal for from one to three hours, and the fall was accompanied by a profuse sweat, with slowing of pulse and respiration. The frictions exercised no influence on the quantity of albumen contained in the urine.

—Bull de Therap.

AUTO-INTOXICATION.

Auto-intoxication of gastro-intestinal origin other than that produced by alcohol and other causes of hepatic cirrhosis is a very important subject. and one which has been particularly brought forward by Bouchard. Many varied diseases and conditions have their origin in this cause.

Nervous symptoms, cutaneous diseases, kidney affections, disorders of general nutrition, rickets, tetanus coma (which has been named dyspeptic coma).

The poisons of the digestive tube are of alimentary origin and are formed in the intestinal canal. Fermentation is frequent and gives rise to the production of lactic, acetic, butyric, valerianic, propionic, olic, palmetic, margaric, oxalic acids; aldehydes, acetones, etc., the latter being present in dyspeptic coma. Syntonine, peptotoxin, etc., have been found in the stomach. Intestinal products are still more numerous. The products of deranged biliary secretion are very toxic. Indol, skatol, cresol phenols, potash salts, etc., may be placed in the same list.

Most of these result from the action of the micro-organisms, which reduce the antiseptic properties of the bile, since they are able (staphylococcus aureus and bacillus coli) to live in pure bile; other organisms are found in the stomach. Of these the B. coli is the most dangerous. Stagnation of the ingesta of a greater or less degree is principally responsible for the production of the fermentations.

Bonvent and Devio introduced by the veins a solution of the alcoholic extract of the digestive liquids. Three substances have been isolated from the complex solution.

First—A brownish substance, not very poisonous.

Second—A yellowish substance, a convulsive poison of great intensity.

Third—A colorless coma-producing agent.

PSEUDO-MEMBRANOUS ENTERITIS AND ITS CACHECTIC FORM

This affection is frequent. It has various forms and intensities. After some time the subjects take on acachectic appearance, which resembles a cancerous affection or tuberculosis, but which may be differentiated by examination of the stools. The beginning is marked by alternate constipation and colicky diarrhea. Appetite is indifferent, food is not well borne, the stools are glassy with mucous threads or membranes, and sometimes resemble flesh washings or bouillon. Characteristic umbilical pain before stools is present. Tongue moist, furred in centre, red at edges and tip. Vomiting not constantly present, but rather exceptional. Some amelioration may be obtained by change of diet. Intestinal antisepsis, giving the best results in ordinary enteritis, is not so successful in this form. Lactic acid and nitrate of silver have been found useful. The cachexia depends partly on defects of nutrition and partly on auto-intoxication, produced by exaggerated fermentation in the intestinal canal.

CHLORATE OF SODA IN GASTRIC CANCER.

At the Besancon Congress, Huchard reported good results he obtained in gastric cancer by the use of chlorate of soda. The idea of using it in these cases arose from the good effects of chlorate of potassa in epithelioma of the upper digestive tract and on skin cancers. Unfortunately, this salt is not devoid of poisonous effects, while chlorate of soda is scarcely poisonous in doses of 10 to 16 grammes; it is also more soluble, and is more rapidly eliminated. The administration is very simple, being dissolved in water. The drug should be given in broken doses in order to keep up a continuous action not only on the tumor, but the mucous membrane also. More than 16 grammes a day produces gastric irritation and vomiting. It is contra-indicated in albuminuria.

It is perhaps not a cure for cancer, but it acts very favorably in the functional disorders accompanying the disease, improves the appetite notably, diminishes pain, vomiting ceases, together with hematemesis, and emaciation is checked.

It has been used satisfactorily in simple dyspepsia due to the hypo-chlorhydric condition.

The writer (Huchard) says that in connection with the chlorate of soda he has employed aristol in the treatment of gastric cancer, but has not obtained the benefit expected, except in the ulcerating stage, which it has appeared to influence somewhat favorably.

—La Courier Med.

Therapeutics.

Under the charge of Louis Lewis, M. R. C. S., Philadelphia.

PHENACETINE—SOME OF ITS USES.

A very practical article on the "Treatment of Acute Lobar Pneumonia" from the pen of Dr. John A. Lewis is published in the "American Practitioner and News, August 11, 1894. The author regards the control of the rapid heart's action as the most important item in the treatment of this disease, and believes that in veratrum viride we have a very sure and safe remedy for reaching this end. In addition to the use of veratrum to bring down the pulse, if the temperature still runs dangerously high, the use of some antipyretic may be necessary. Dr. Lewis has had excellent results from the administrations of phenacetine, combined with quinine in equal parts, giving from five to eight grains of the combination at a dose, from four to six hours apart. In discussing this paper, which was read before the Louisville Medical Society, Dr. William Bailey expressed a preference for phenacetine for the reduction of high fever in pneumonia, and stated that it had little, if any, power to reduce the heart's force. Dr. Beverly Robinson (N. Y. Med. Jour., Aug. 25, 1894) considers Phenacetine as the most satisfactory among the modern antipyretic drugs. He finds it diminishes fever somewhat and promotes sleep and the general comfort of the patient, with out great risk of depression in a marked degree. Dr. Williams (Boston Med. and Surg. Jour.) states that Phenacetine is very useful in neuralgia of the fifth nerve, sick headache, etc., regarding it more free from ill effects than antipyrine and acetanilide. Professor Maragliano (Bulletin Gen. de. Therap., April 8, 1894) recommends highly in cases of influenza accompanied by nervous symptoms, headache, etc., the administration in wafers of quinine hydrochlorate 8 grains and Phenacetine 4 grains, two or three times in 24 hours. In his opinion antipyrine must be banished, because it diminishes the resistance of the organism to the disease, predisposes to congestions and favors the development of nervous troubles. Dr. Sweetman (Dominion Med. Jour.), who has recently written on the treatment of influenza, while opposed to the use of other coal-tar products for the fever, favors Phenacetine in small doses.

KOLA.

Being convinced of the value of Kola as a tonic stimulant, and desirous of presenting a preparation which should contain the active medicinal principles of the drug, yet free from its acrid and bitter taste, Messrs. Frederick Stearns & Co., of Detroit, Mich., after long study and experimental investigations, have, by an original process, produced a preparation, "Stearns' Kola Cordial," which is one-fourth the fluid extract strength, and is palatable and delicious in taste. It has been tested in several large hospitals, and in the private practice of many prominent physicians.

Dr. E. B. Smith, of Detroit, Mich., in speaking of the preparation, says: "Kola Cordial in my hands has supplied a great want. It seems to be a systemic tonic, acting especially upon the nervous and vascular systems. The action upon the circulatory system is a peculiar one, and in surgical cases where I have administered, it seems to be a valuable addition to our armamentarium."

Kola owes its therapeutic action to caffeine, theobromine and a principle peculiar to itself, called kolanine. Its stimulating and sustaining effects on the nervous system are more prompt, powerful and of longer duration than that of caffeine alone. It is also superior to coca as a cerebro-spinal stimulant, with none of the objections which so frequently follow the continued use of the latter. Stearns' Kola Cordial is to be recommended to those whose work subjects them to excessive mental or physical exhaustion.

Messrs. Frederick Stearns & Co. will gladly mail on inquiry samples and literature, or will forward an original package to those physicians who are willing to assume the express charges.

Miscellany.

THE FEAR OF DEATH.

Familiarity with death is apt to alter one's earlier conceptions of it. Two ideas are very generally accepted which experience shows to be false. One is that the dying usually fear death; and the other, that the act of dying is accompanied by pain. It is well known to all physicians that when death is near its terrors do not seem to be felt by the patient. Unless the imagination is stimulated by the frightful portrayal of the supposed "pangs of death," or of the sufferings which some believe the soul must endure after dissolution, it is rare indeed that the last days or hours of life are passed in dread. Oliver Wendell Holmes has recorded his protest against the custom of telling a person who does not actually ask to know, that he cannot recover. As that loving observer of mankind asserts, so must every one who knows whereof he speaks assert that people almost always come to understand that recovery is impossible; it is rarely needful to tell any one that this is the case.

When nature gives the warning, death appears to be as little feared as sleep. Most sick people are very, very tired; sleep—long quiet sleep—is what they want. I have seen many people die. I have never seen one who seemed to fear death, except when it was, or seemed to be, rather far away. Even those who are constantly haunted, while strong and well, with a dread of the end of life, forget their fear when that end is at hand. As for the act of dying—the final passage from life to death—it is absolutely without evidence that the oft-repeated assertions of its painfulness are made. Most people are unconscious for some hours before they die; and in the rare cases where consciousness is retained unimpaired until a few minutes before the end, the last sensation must be of perfect calm and rest. It is worse than cruel to add to the natural dread of death which oppresses the majority of us while in good health, the dread of dying. There is surely fear enough in this suffering world; let us not increase it by adding imaginary to real causes.—Dr. J. West Roosevelt, in Scribner's Magazine for October.

A MODEL SURGICAL CLINIC.

Scene, a spacious room. At a large table in the centre is seated the surgeon; his secretary is opposite, an enormous folio register open before him. A group of students is clustered about the table. Benches filled with waiting patients occupy the sides of the room. The secretary calls No. 120,736. A man aided by crutch and cane limps forward. The surgeon's examination into the biography and genealogy of the patient (four folio pages carefully written out by the secretary) being ended, the attendant removes the multiple wrappings of the right foot, exposing an inflamed great toe with ulceration upon one side of the nail. The surgeon gives it a hasty glance, and turning, addresses the students as follows: "Gentlemen, a few years ago a case of this kind—evidently an ingrowing nail—would have been at once submitted to local treatment, and, I admit, with fair prospects of obtaining a good result. But now that we have learned the general interdependence of the different organs of the body, we feel that a thoroughly scientific treatment demands the examination by specialists of these different organs, in order to detect any conditions likely to be etiological factors in the case. The attendant will therefore take him and a copy of his history to the different rooms in succession, and return here with their respective official reports."

(Some Hours Later.)

Surgeon (loquitur)—"Gentlemen, the patient has now returned to us, and I ask your attention while I read the reports of the various specialists."

Opthalmological Department.—Case No. 120,736. This patient is a myopic. As I recall a case where a similar visual defect was the cause of injury to the great toe in a person who "stubbed" it against the curbstone, I have ordered appropriate lenses to correct the difficulty, as a prophylactic against the recurrence of the disease. It is essential, however, that this treatment should be supplemented by wearing a loosely-fitting shoe.

Otological Department.—Case No. 120,736. I find no defect of audition.

As the patient's trouble may have arisen from want of suitable support to the foot, I have thought it best to shorten the stapes leather two holes.

Rhinological Department.—Case No. 120,736. A case of nasal toe-nail. Wishing to bring about a radical change in the parts, I have removed with the curette all adenoid growths, together with the adherent mucous membrane, from the cavities and packed them all with aseptic gauze—which should be removed if the patient wishes to sneeze.

Department Abdominal Surgery.—Case No. 120,736. Drs. A——, B—— and C——, in consultation. The history showing that the patient's mother during life lost a set of false teeth, Dr. A—— reasoning that "tooth and nail" are generally associated in action, is inclined to think the set may have been swallowed unconsciously and remained in the patient's stomach. Of course, he advises an operation.

Dr. B——, in view of the accepted belief that "Galia est omnis divisa in partes tres," thinks it possible that one of them may have wandered down to the great toe, and advises an exploratory incision of the gall-bladder to ascertain if either part be missing. The "Gallic boot of love," cited by Dr. O. W. Holmes, seems to indicate a tendency of the gall to the foot.

Dr. C—— concurs entirely with both of these opinions, but on general grounds advises the removal of the appendix. The patient, however, avers that this has been already done, and that he has it in a bottle at home, which he will fetch if required. It is therefore deemed advisable to await further development.

Gynecological Department.—Case No. 120,736. Palpation reveals no abnormal condition of uterus or appendages. A medical student calling our attention to the fact that the patient wears pants and has well-developed male generative organs, we doubt if this is a proper case for this department.

Department Genito-urinary Diseases.—Case No. 120,736. Organs apparently healthy. It, however, is not impossible that the patient may have a stone (vesical) which was passed naturally and impinged upon and injured the great toe.

Department of Neuroses, etc.—Case No. 120,736. The result of a careful examination of this case indicates a deficient innervation of his lower extremities. Two well-marked areas of impaired sensibility or partial anæsthesia are located in the gluteal regions beneath the tuberosities of the ischia. His history not mentioning this, we questioned him as to how long the condition had existed. His replies were unsatisfactory—merely to this effect, that he had "sat so long upon those d——d hard benches that his —— got numb." A rubber cushion with two holes is recommended, and the case should be kept under observation.

"There, gentlemen," continued the surgeon, as he finished reading to them the reports, "you have the result of a careful scientific inquiry into this case. I shall now send the patient to the chiropodist around the corner, with instructions to have the toe cleansed and a piece of sheet lead inserted under the roughened edge of the nail. I counsel you all not to lose the opportunity of witnessing the operation. Good morning, gentlemen!"—Boston Medical and Surgical Journal.

THE GOLF "CURE" FOR INSOMNIA.

A writer in the Scotsman, commenting upon the Marquis of Salisbury's recent address to the members of the British Association at Oxford, expressed regret that his lordship should be a victim to the modern and very prevalent disorder of insomnia. He went on to appeal to the medical profession for some prompt and effective remedy for that distressing ill. "Would that the noble leader of the Conservative party would take a three months' course of golf" was the inward exclamation of one who had himself suffered from insomnia, and was at the time rejoicing in a succession of nights of profound and refreshing sleep. Golf is the game for the exhausted brainworker at any stage of his life. No junior is too young, no senior is too old to learn it; to learn it and to enjoy it. The proof of the pudding is in the eating. On the golf links of St. Andrews the man of 70 looks 50, and the man of 50 has the appearance of 35. Sleeplessness, so far as the writer was able to discover, in a three weeks' sojourn at St. Andrews, is absolutely unknown to the regular golf player. One may almost say it is impossible. Living, as he does, in the

open air, and taking several hours of daily exercise without unpleasant fatigue, and with a mind constantly, but laboriously, interested, he eats well, and so the brain is adequately nourished. The only trouble with the remedy is that a man must be a person of leisure in order to take it.

—New York Medical Record

DR. HOLMES AT A FAIR.

It is related of Dr. Oliver Wendell Holmes that at a country charitable fair he was entreated to furnish a letter for the post office. He seized a sheet of paper and between its folds placed a $1 bank note. Turning to the first page he wrote the following:

Dear lady, whoso'er thou art,
Turn this page with trembling care,
But hush, oh hush, thy beating heart,
The one thou lovest will be there!

The page turned disclosed the attractive greenback. On the third page, opposite the bank note, he wrote:

Fair lady, lift thine eyes and tell
If this is not a truthful letter;
This is the one thou lovest well,
And naught (0) would make thee love it better.

There are only 16 female medical students in 164 registrations at the Faculty of the Academy of Medicine of Paris, against 164 in the Faculty of Sciences and 3 in that of law.

—Gaz. de Gynecol.

CHINESE ACCOUNT OF THE ORIGIN OF THE PLAGUE.

Dr. Yersin forwards to Le Progres Medical the following explanation, which he says is current in Shanghai: The Dowager Empress always has eighteen lamps burning, representing the eighteen provinces of the Chinese Empire. Some time ago one of the lamps burned very poorly, although it received exactly the same treatment as its neighbors. The chief astrologer was consulted, and, after carefully examining the case, he announced that this lamp represented the province of Canton, and that the province was about to be smitten by a pestilence which would carry off eight-tenths of the population—this was decreed by the God of Sickness. The Empress, much affected by this information, asked if the terrible fate menacing the people of Canton could not be averted. The astrologer answered that the god might be touched by prayers and offerings. These being attended to, the Empress asked what result had been obtained. The chief astrologer then carefully examined the situation anew and declared that the god would be satisfied with a compromise—that he would take four-tenths in human beings and an equal number in rats. This is why rats have suffered equally with the people from the plague in Canton and Hong Kong.

Prescriptions.

ECZEMA OF DENTITION.

In the treatment of this reflex eczema three indications are to be followed:

1. To allay the irritation of the gums.

2. To combat insomnia.

3. To cure the local conditions and to calm the gums, rub frequently with

		Grams.	
R	Cocaine muriate .....7 gr.		5
	Bromide potassium ....1½ dr.	5	0
	Distilled water, aa.....2½ dr.	10	
	Glycerine, aa.....2½ dr.	10	

For the sleeplessness:

		Gram.
R	Bromide sodium.....	3
	Orange flower syrup.....60	

For the eczema, oxide of zinc ointment.

For eczema of nares and upper lip, cod liver oil internally and externally.

CHRONIC LARYNGITIS.

		grams.	
R	Ol. pini sylvest. .....15 gtt.	1	
	Ol. cassiae ..... 3 gtt.		2
	Magnes. carb. levis..20 gr.	1	3
	Aquae ..... 1 oz.	30	

M. et fiat vapor.

Sig.—A teaspoonful to a pint of water at 140 degrees F. for each inhalation.

Practitioner.

ULCER OF LEG.

		grams.
R	Iodid. potass. ..... 4 dr.	16
	Tinct. iodine .....30 gtts.	2
	Water .....10 oz.	310

Sig.—A teaspoonful at each meal.

Locally apply chloride of zinc, 5 to 10 per cent. Bandage with mercurial plaster.

Medical Press and Circular.

SPASMODIC ASTHMA.

		grams.	
R	Tinct. lobeliae ether...15 gtts.	1	
	Spts. etheris .....20 gtts.	1	3
	Tinct. chlorof'm comp. 5 gtts.		32
	Aquae camph. ad.... 1 oz.	30	

M. Sig.—Two tablespoonfuls to be taken when breathing is difficult.

Practitioner.

The Times and Register.

Vol. XXVIII. No. 21. Philadelphia, November 24, 1894. Whole No. 846.

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Original.

CASE OF GUNSHOT WOUND OF LIVER AND LUNG.

BY THOMAS S. K. MORTON, M. D.,

Philadelphia.

A boy, aged nine and a half years, was admitted to the Pennsylvania Hospital, September 11, 1894, with a history that he had been shot by a 32 calibre revolver at short range, but a few moments previously. I saw him almost at once after admission, and found a bullet wound one-and-a-half inches below and half an inch to the left of the ensiform cartilage. He was not especially shocked. Was said to have vomited considerable blood, and complained of great pain in the epigastrium. Abdomen not distended.

Ether was administered and perforation of the abdominal cavity proved by enlarging the bullet wound slightly and passing a probe. Having thus made certain that the peritoneum has been entered, an incision was made in the median line from the ensiform cartilage downward for four inches. Upon laying open the peritoneum much fluid blood and some large clots flowed out. It was found that the ball had passed through the right lobe of the liver, two and-a-half inches behind the anterior margin, then emerged just above the gastro-hepatic omentum, had almost totally destroyed the lobus spigelii, then had torn a large hole in the lesser omentum, again perforated the peritoneum, struck the first lumbar vertebra, and became lost. Blood welled up in large quantities from the posterior peritoneal opening, mostly venous, but partially arterial. A finger tip only could be passed into this wound. There was no wound of stomach or intestines. The wound of the right lobe, as well as that of the spigelian lobe of the liver, was not bleeding. A column of iodoform gauze was carried down so as to block the wounds of the lesser omentum and posterior layer of the peritoneum, and at the same time to press upon the mutilated spigelian lobe and posterior or exit wound of the right lobe of the liver. The packing was continued and brought out through the parietal wound. The wound of entrance into the right lobe was not interfered with. The abdominal wound was now closed around the gauze drain after copious irrigation of the surroundings with hot salt solution. As it was suspected that much blood had gravitated into the pelvis and lower portions of the abdomen, which could not readily be washed out by irrigation from above, it was determined to make a small opening above the pubis for that purpose and to put in a drain-tube. Accordingly a half-inch incision was made just above the symphysis, and much fluid blood and clots were washed out through it by means of a long irrigator tube. A glass drain was carried through this wound down to the bottom of the pelvis, to serve as an index should further hemorrhage take place into the abdomen. But, despite all efforts to the contrary, the lad died in a few hours.

At the post-mortem examination it was discovered that the ball had passed between the aorta and vena cava, and perforated the right crus of the diaphragm before striking the first lumbar vertebra. In the latter it cut a large groove, and was deflected upward and

outward through the pleura, and into the substance of the right lung, where it was found imbedded. The lower lobes of this lung were distended by blood, and over a quart in addition filled the pleural sac. No wounds of other viscera were discovered. There was no blood in the abdominal cavity.

Upon careful inquiry after death I ascertained that the reported vomiting of blood had been incorrect; that in reality he had coughed up and not vomited it. No special examination of the chest was made before operation, and no signs appeared to call attention to that locality. But the bleeding thereinto was unquestionably the immediate cause of death. Had the ball not wounded the lung I believe that the boy would have had a very good chance of recovery afforded him by the operation.

EHRLICH'S TEST FOR URINE TO DETERMINE TYPHOID FEVER.

BY F. W. FRANKHAUSER, M. D., READING, PA.

In presenting this paper on Ehrlich's test for urine in typhoid fever, I know I am in a measure treading on untrodden ground, but as you are all aware, it is only by some truths falling into disuse and finally being brought forth again that some of our great facts in medicine have come to stay. I can do no better than to quote from a paper* of Prof. Charles Green:

*Journal of American Med. Association, Feb. 24, 1894.

"More than ten years have elapsed since Ehrlich announced the discovery of an urinary test that would determine the presence or absence of typhoid fever.

"The importance of such a discovery, if genuine, makes this apathy seem at first glance almost inexplicable, but reference to the literature upon the subject offers a ready and sufficient explanation.

"It would seem a very easy matter for scientific observers to arrive at harmonious results in the performance of a simple experiment, terminating in a definite color reaction, yet we find in the published accounts of these observations statements so contradictory and confusing as to lead one to believe that scientific accuracy in this department at least is little better than a name.

"Carelessness in diagnosis and utter disregard for the instructions of Ehrlich, as to the manner of making a test, account in a considerable measure for the discrepancies of statement, but it is perhaps the failure to insist upon the appearance of the proper color in the reaction which has caused most of the error.

"As to the diseases in which the reaction occurs, one can only say that the reports of the most careful and scientific observers, including Ehrlich himself, show the reaction to be present in typhoid, pulmonary tuberculosis, and the exanthemata, while other observers have reported it as being present in practically every disease known to the profession."

Professor Green reports the results of two hundred and fifty cases, of which there were in typhoid fever nineteen cases; relapsing typhoid fever, two cases.

Eighteen of the nineteen cases responded to the test; both relapsing cases responded.

Tuberculosis of the lungs, twenty-five cases; responded to test, twenty-three.

Tuberculosis of prostate, two; no response.

Tuberculosis of hip joint, two cases; both responded to the test.

Professor Green reports a number of other diseases, as well as twenty cases of normal urine, in which the urine did not respond to the test.

My first attention was drawn to the test in my readings about a year ago, when I noticed the name mentioned, but could find no literature, or any one who knew what it was, for nearly or quite two months.

Since that time I have been making a few observations, which to me have been very interesting.

No. 1. Female, age 28, third week of disease; temperature still ranging from 100 to 102 degrees; eruption present; no diarrhea; tongue coated, but moist; tenderness of right iliac region; some distension of abdomen; no delirium; urine responded to the test from this time until temperatunre remained normal.

No. 2. Female; end of third week, when the urine was first tested; temperature nearly normal, but urine responded

Read at the meeting of the Berks County Medical Society, November 13, 1894.

to test until temperature remained normal.

No. 3. End of second week, when the first test was made; eruption present; no diarrhea; some distension of abdomen; no delirium; temperature ranging from 101 to 103; responded to test daily, until the temperature remained normal.

No. 4. Male; from an infected district; abdominal tenderness; characteristic temperature; no diarrhea; sordes; tongue coated; urine responded to test from the third day of disease to about the twenty-third, when the temperature remained normal for six days. Then there was a relapse, when the urine again responded to test, until convalescense was established.

No. 5. Female; from same infected district, where five others in the family were sick with typhoid fever, and three persons who were employed at said place. As early as the third day of disease urine responded to test, and continued until convalescent.

No. 6. Husband of No. 5; who had same symptoms of typhoid fever, but whose temperature never rose above 100 degrees, and then only for a few days; whilst he was under observation for three weeks. The urine did not respond to the test.

No. 7. Sister of No. 4, who had an attack of typhoid fever; during a relapse was under observation for the test when the urine responded until the temperature remained normal.

No. 8. A case of relapsing typhoid fever; possibly due to indiscretion in diet; temperature went up to 102 degrees. Urine responded to test, until convalescence was established, and temperature remained normal.

No. 9. From same infected district; had typhoid fever with nearly all the symptoms present; responded to test.

No. 10. Case of typhoid fever; temperature went up to 104.5; when three cold sponge baths of half an hour duration were necessary with antipyretics to keep the temperature near or within the bounds of 102 degrees; delirious, and periods of unconsciousness; urine responded to test from end second day of disease until temperature remained normal.

No. 11. Case came under observation at about the fifth day of disease; urine responded to test until death, about the sixteenth day of disease.

No. 12. With all the symptoms of typhoid fever present, temperature rising to 104; urine continued to respond to test until patient was relieved by death.

No. 13. Case of typhoid fever as a sequela of scarlet fever; temperature rising to 102.5; urine responded to test until temperature remained normal.

No. 14. A Swede suffering from phthisis in the third stage, responded to test until death.

No. 15. Male, 55 years of age; third stage of phthisis, urine responded to test.

No. 16. Male, stonecutter by trade; insipient phthisis; no response to test while under observation.

Now, while this report is not as full or complete as it might be, as these tests may respond to some other diseases, which is a point not definitely settled, and there is no other sign or symptom that is always present, it is the grouping together of the different symptoms that aids us in making our diagnosis, and often I am sure it is several days or more before we can fully diagnose typhoid fever from other disease.

If, as it has been stated by some writers, the test does not respond to any other disease than typhoid fever or the last stage of phthisis, where no one could fail to make a diagnosis by exclusion, then it will be the only positive point in diagnosis that we possess.

If it shows the reaction before the eruption has appeared, which has been shown in several instances where the urine responded to the test before the corruption could be present, it will be a valuable sign. Should it prove a failure it is only what many other signs have done, and we all know it is only by gleaning the signs that are most frequently present that we arrive at a conclusion.

The solutions required and manner of application for the test are as follows:

Solution No. 1:

Acid hydrochloric, c. p., 50 parts; aquae destil., q. s. ad., 1000 parts; sulfanilic acid ad saturatum.

Solution No. 2:

Sodium nitritis, 2½ grains; aquae destil., 1 ounce.

Test solutions:

Solution No. 1.—40 parts.

Solution No. 2.—1 part.

Equal parts of urine and test solutions mixed in solutions. Smear two c. c. ammomia water down the sides of the test-tube, so as to overlay the mixture.

If the reaction be present there appears at the point of contact a beautiful carmine or blood-red.

Here is where the difference of observers occurs. It is not an orange or a yellow that occurs, but a blood red.

Again, it is not all of the solution that shows the reaction, but simply a band or belt at the junction.

In my observations I have used the following solutions a little different from the first solutions named:

Solution No. 1—Acidum hydrochloricum, 72 minims; acidum sulphanilicum, 10 grains; aquae destillata, 3 oz.

Solution No. 2—Sodium nitrite, 2½ grains; aquae, 1 oz.

Test solution—Twenty-five (25) min- No. 2; patient's urine, twenty-six (26) ims of No. 1 solution; one (1) minim of minims.

Add aquae ammonia q. s. to make the solution alkaline, when the belt will appear of a dark blood red.

If phosphates are present in abundance, acetic acid, a few drops, will bring out the reaction.

Dr. Greene reports 19 cases; responding to test, 18.

I have reported 11 cases; responding to test, 11.

Relapsing typhoid, 2; cases responding to test, 2.

Is there any symptom or sign that is present in nearly as many cases, or are there any signs upon which we can lay as much stress as we can in this, provided the tests will bear the same relations in the future?

I have found, and no doubt you all have, that even the characteristic temperature is not always present. Neither is the abdominal tenderness, or the distension, or the diarrhea always present. The eruption, which does not make its appearance until the seventh day, is absent in about 20 per cent. of the cases. Diarrhea may be present in half the cases.

The characteristic bacillus does not give to us the aid or help that we might desire or expect. It is admitted by eminent bacteriologists that none but experts can with any degree of certainty distinguish them from many others that often are present.

In our test observations let us reject all but a red band or belt, and not except the orange and those where all the solutions turn of a reddish color.

In my future tests I may change the solutions some, so, if possible, not to give any reaction whatever in normal urines.

DISEASES OF THE ALIMENTARY CANAL—TREATMENT.

INTERNAL AND EXTERNAL HYDROTHERAPY—MEDICATION.*

BY JAMES OSBOURN DECOURCY, M. A., M. D., ST. LIBORY, ILL.

Cleanliness is said to be next to godliness—a very old adage which I have found to be no less true in the treatment of all diseases which have come under my observation. It is my custom to first make clean my patient, outside and inside, so far as practicable, by the free use of pure water and good soap. I have never seen or had a bad result from the use of these agents. I am of the opinion that in many cases all the medicine that is needed is the free, judicious use of water, abstinence from food, plenty of pure air and sunshine.

These agents, together with clear conception and observation of the laws of hygiene, will figure very conspicuously in the future of medicine.

While I am a strong advocate of the free use of water in the practice of medicine, I also have confidence in the therapeutics of drugs, and as I believe, have seen many good results from the intelligent use of them.

In the treatment of disease there are three distinct steps. They are: 1, a correct diagnosis—ascertaining the cause; 2, absolute cleanliness by irrigation internally and the free use of water externally, and by the use of disinfecting agents; 3, repair the damage—heal the wound—restore nature—rather assist nature in her work of reconstruction. This should be done by the skillful use of tools best adapted to the work to be done.

In treating diseases of the alimentary canal generally, and in the three following cases which I report to you, I have endeavored to follow the foregoing principles. My results are all that could be desired. They have been both interesting and profitable to me, and I trust they may be of some interest to this society.

Case 1.—Miss Mary; aged 29; American; fawn type; medium size and rather stout; was taken at night with pain in

*Read before the St. Clair County (Ill.) Medical Society, June 7, 1894. Extracted from the Journal of the American Medical Association.

lower bowels, followed by watery stools.

I was called in the early morning, March 15. Found her excited and suffering very much pain in the bowels; also complained of severe headache. Temperature was slightly elevated. Pulse regular, but rapid and weak. She gave history of having had several severe attacks of ulcerative colitis, during one of which she came very near to death's door.

There was some tenderness on palpation and percussion over the major part of the abdomen, and the bowel was very active in evacuating itself. The stools were thin, and contained mucus with a little blood. When food was taken into the stomach, especially milk, it was usually ejected in curdy masses within a few minutes.

The usual agents were used to abate the pain, to check the vomiting; also to restore the bowel to its normal condition.

The pain was greatly reduced, and the rebellious condition of the stomach almost entirely overcome; but the bowel persisted in its active work of draining the system. The stools became offensive, containing more blood and mucus.

A portion of the lining membrane of the intestine about eight inches in length was passed with the feces the fourth day. Having a four-ounce bottle of glycozone, I concluded to try it. So other internal agents were discontinued, and 2-drachm doses of glycozone given every four hours in a wineglass of water. The bowel was washed out morning and evening with warm soap water, followed by an ounce of tepid water containing a half drachm tincture opium.

At the end of the first day after beginning the last method of treatment there were marked signs for the better; and the patient expressed herself as feeling less bad. The treatment was continued with constant improvement in the case until the glycozone was all taken, at which time the bowel and stomach were under good control. Pain all gone; and after a few days of convalescence the patient made a perfect recovery without any further treatment.

Case II.—Ely, aged 22, medium-sized man, general health uniformly good; a blacksmith by trade. First saw the case with Dr. S. at 4 P. M., March 30.

On arrival at bedside of patient I found him in what seemed to be a semi-comatose state. The odor of whisky was very marked. Examination of the matter ejected showed it to contain blood and mucus.

A few drops of chloroform with cold water were given, and a cold pack placed over the epigastrium to check the vomiting. The following powders were given to quiet the stomach and to move the bowel:

R Calomel .....gr. 8.
Podophyllin .....gr. 2.
Subnitrate of bismuth ..gr. 12.
Bicarbonate of soda ....gr. 4.

M. Pulvis, No. 4 Sig.—Dose, one powder every hour.

The father, mother and wife of the patient gave the following history:

"For the last five years the patient has been drinking whisky, and for the last two years, in particular, he has been drinking too much. Last October he had an attack somewhat like this, but recovered in about one week.

"His general health has always been good. He has been drinking too much every day for a week now---keeping his whisky in his shop. He was well this morning. Worked in the shop until noon. Ate a hearty dinner, but was taken sick soon after eating and in a short time began to vomit."

Called again at 5 P. M. Found him quiet, but suffering. Left some Dover's powders to be given during the night if necessary.

At 2 A. M., March 31, was called again. Found him excited and suffering very much. Quick pulse and slight elevation of temperature. Gave him hypodermic injection:

R Morph. sulph. .....gr. ¼.
Atropin .....gr. 1-150.

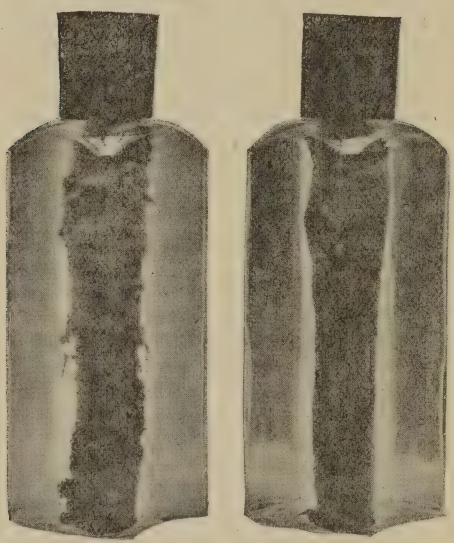
His wife gave history of his vomiting at irregular periods until 10 P. M., after which time nothing would pass either up or down. Impossible to swallow water. Upon careful inspection the whole mucous membrane lining the mouth and throat as far as could be seen was in a state of hypertrophy. Indeed, it was simply cooked. (Pardon the use of the word, cooked; but it expresses the condition.) The stomach also was in a state of inflammation. What was to be done?

Internal medication and alimentation was out of the question. Recognizing the emergency of the case, I determined, if possible, to dissolve the mucus about the affected parts, and to

attempt to reduce the edema of the membranes.

The nose and throat, therefore, were sprayed every twenty minutes for awhile with Hydrozone and a 20 per cent. solution of the same used as a gargle every hour, until he could swallow water, which required forty hours. An enema of warm soap-water was given and repeated, which produced a soft stool; and he expressed himself as feeling better.

The spraying of nose and throat, together with the gargle, also the enema, were continued every day. The inability of the patient to swallow made alimentation by the stomach impossible, to say nothing of the inability of the stomach to perform the work of digestion. Boiled milk and warm soups were regularly given in small quantities by the rectum.



"A" "B"

Photograph of the mucous membrane expelled from the Esophagus of Ely. Cut "A" illustrates the ragged surface of the membrane as torn from the muscular coat of the tube.

Cut "B" illustrates the smooth surface of the same membrane over which food was passed, the membrane being turned inside out, just as when expelled. The size of these cuts is two-thirds of the photograph of the Esophagus. The cardiac end of the membrane being at the bottom of the cut in each case.

On the morning of April 7 the whole lining membrane of the esophagus was expelled in the attempt to vomit. The membrane was neither broken nor perforated; but was turned inside out. I have preserved the specimen in an alcoholic solution; and take pleasure in presenting it herewith for your inspection and examination.

There was some fever most of the time, the temperature running up as high as 102. The pulse varied from normal to 90, and a few times went up to 100.

The general condition of the patient was fairly good—indeed, much better than could have been expected.

There was very little headache, but a lancinating pain in the left hypogastric region was greatly accelerated by coughing, and there was more or less tendency to cough during the first week.

I might state here parenthetically that, in my judgment, the trouble in the side had no connection with the condition of the mouth, throat and stomach; but, on the contrary, was entirely and wholly independent of it.

The history given of the case showed the last-named trouble to have been produced some five years ago by prolonged arduous labor in which the abdominal muscles were in a constant strain for hours, since which time the trouble has returned at different periods; and almost invariably following protracted, or great straining of the muscles in that region. The treatment given was palliative.

The odor coming from the mouth of the patient was offensive from the first, and continued to grow more and more offensive until after the expulsion of the membrane.

The kidneys performed their work admirably well. The stools which followed the enemata of warm water were rather soft and of a greenish color.

There were no hallucinations, no delirium; and for the most part sleep was good.

To prevent septicemia, to assist nature in the work of reconstruction, as well as to counteract any miasmatic influence that might be present, the following preparation was given:

℞ Quininæ sulphatis.....scr. 2.
Acidi sulphurici aromatici..dr.1½
Aquæ camphoræ,
Aquæ destillatæ, aa.....oz. 2.

M. Sig—One dessertspoonful every two hours, being alternated by half-drachm doses of hydrozone, 20 per cent. solution, given in a third of a glass of water.

Gradually, but slowly, the condition of the patient grew better, with the exception of one day, at which time he had no hydrozone. The other medicine "Would not work without the gargle," as he expressed it. "But worked well together."

Immediately after resuming the use of hydrozone he began to feel better. Saw him April 9. Found him in good condition. Pulse and temperature normal. Expressed himself as feeling very well.

He had been sitting up most of the time for several days. I recommended that the treatment should be continued for some time.

A week later his wife called at my office, stating that she thought he was doing very well. Since which time I have had no official report from the case.

My candid opinion is, that of all the agents used, the one to which he owes the preservation of his life during the first seven days of the attack is hydrozone.

Case III.—Bennie, little boy, aged 9 years, orphan, German, was brought to my office May 20. Had diarrhea, which had become chronic. Also had intermittent fever—mild form. He was very much reduced in flesh and emaciated.

Various and numerous agents from the list of ordinary remedies were used during the four succeeding days; but the diarrhea was growing worse rather than better. The stools became very numerous, the actions amounting to ten or twelve at night, with as many more during the day. The malarial fever received appropriate treatment and was readily subdued.

May 26 I planned a new treatment. The patient was thoroughly sponged from head to foot once a day with tepid alkaline water. The bowel was washed out clean morning and evening with soap-water, just warm enough to be comfortable to the patient. After the bowel was washed out, two ounces of starch water containing two drachms of glycozone was thrown into the rectum, and left to be absorbed. The internal treatment consisted of a milk diet, fresh water to drink impregnated with hydrozone, and dessertspoonful doses of glycozone taken every two hours during the day in a wineglassful of fresh water.

Improvement began with this treatment. The skin and bowel were kept thoroughly cleansed every day as well as medicated, the bowel being irrigated twice each day. June 4 the child was reported well. His general health is rapidly improving.

Good or bad, this treatment is purely original with me.

What effected the cure? My answer is this:

1. Removing the cause. This was done by abstinence from all solid food. Aliment was restricted to small quantities of pure, fresh milk, beef and chicken soups, given at regular periods.

2. By cleansing the affected parts, as before stated.

3. By healing the wound. This was done by the use of glycozone, which I have found to be one of the most reliable and rapidly-healing agents that I have yet used. The hydrozone was used as a disinfecting agent.

May we not reasonably expect that during the remainder of the present decade, and for all time to come, internal as well as external cleanliness shall be to suffering humanity a boon—an heavenly unction?

Note—I have, for some time, substituted hydrozone in my practice instead of peroxide of hydrogen as formerly used.

Hydrozone is "double strength" hydrogen peroxide—so to speak. In other words, it has twice the bactericide power, and, therefore, requires only one-half the quantity to accomplish the same results.

It is not disagreeable to the patient when taken internally, if well diluted with pure fresh water.

ONE CAUSE OF LEAD POISONING.

A lady of Evergreen, O., died last week from the effects of rain water which she drank. The water was caught from a roof that had recently been painted with white lead.

Mr. Edwin Ginn, of Boston, who seems to have done more business investigation of the tenement house question than any one in that city, says that the investment of $4,000,000 or $5,000,000 in the erection of such buildings would go a long way toward abating present evils and would pay 6 per cent. on the capital. The men who would fight the scheme are those who get 50 per cent. on their money, and who contribute every facility to increasing the city's death rate, he says.

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PHILADELPHIA, NOVEMBER 24, 1894.

THE ACTION OF THE PHILADELPHIA BOARD OF HEALTH REGARDING THE MILK SUPPLY OF THE CITY.

At a meeting of the Philadelphia Board of Health, October 10, the following resolutions were passed:

Whereas, It has been decided by competent authority that physical examination alone is an uncertain and, therefore, unreliable means of determining the freedom of cattle from tuberculosis; and

Whereas, The tuberculin test is the only means of detecting many occult cases of this disease, and is, therefore, indispensable in arriving at the knowledge that a herd of cattle is free from tuberculosis; therefore,

Resolved, That the Chief Inspector of Milk be and is hereby instructed to indorse as untrustworthy all certificates of the freedom of herds of milch cows from tuberculosis that are not based upon the tuberculin test by trained veterinarians.

Resolved, That the Chief Inspector of Milk keep a book in which shall be registered all herds of milch cows that supply the city of Philadelphia that have been certified as free from tuberculosis by the method approved by the Board of Health; also of such as have not been reliably certified, and which are therefore "suspicious," which records shall be open to the inspection of the public; said records shall contain the names of the dealers supplied by such herds.

Resolved, That all producers of milk supplying the city of Philadelphia who fail after sixty days' notice to furnish a certificate or clean bill of health of their cattle, based on the method of examination demanded by experts and approved by the Board of Health, shall be reported to the board, and be liable to have their milk rejected as being "suspicious."

The step taken by the Board of Health as embodied in these resolutions is a radical one which, we believe, is not warranted by facts. It may be true that cattle are great sufferers from tuberculosis and a source of danger to persons, especially infants, who may partake of tuberculous milk, but, from the fact that a person may swallow colonies of tubercle bacilli without becoming infected with the disease, have we the absolute proof that milk from cows responding to the tuberculin test necessarily will infect the consumer?

Is there no other element necessary which may be resident within or without the individual on which the tubercle bacillus must depend for its development outside its mere existence in milk?

Can anyone prove that an animal which has been subjected to the tuberculin test for this disease will positively not contract tuberculosis from the injection?

Do results warrant the wholesale endangering of a herd of cattle to the ravages of tuberculosis by the employment of these injections of tuberculin, which in our humble opinion is far from being devoid of danger?

The fact seems well established at the present day that persons may swallow whole colonies of tubercle bacilli without endangering themselves to the disease: hence, some other element must

be at least a factor in the production of the disease, either as the primative cause or the agent on which the tubercle bacillus may depend for its developing tuberculosis.

There are a great many authorities at the present day who are of the opinion that the tubercle bacillus is a product of tuberculosis, as the seed may be the product of the plant or flower. Indeed, in one sense, few can doubt it. That the tubercle bacillus needs fertile soil is also a recognized fact, but that it also needs a something else, as the seed needs sun and air to become a plant, seldom enters the popular mind.

Another question in connection with this action of the Board of Health would naturally arise, viz.: Is the milk of cows that respond to the tuberculin test, but show no other signs of the disease, objectively or microscopically, dangerous to the healthy human being? In other words, is not consumption dependent on a lymphatic dyscrasia, an altered condition of nutrition, in which the fatty elements of the blood have suffered and hence offer a fertile soil for the tubercle bacillus?

Again, if the State is willing to pay a fair price for the animals which are destroyed on their responding to the tuberculin test, or which subsequently develop tuberculosis, caused by the injection, then we would say that there could be no serious objection to the employment of this method of testing herds, except as it encroaches on the legitimate trade of the registered veterinarian.

Could the residents of any large city be absolutely sure that they were treated to only the best milk obtainable, free from dilution, germs or dirt, it would be one of the greatest blessings to humanity to raise the price to correspond to the extra labor entailed for its production and give a fair profit. We believe that this assurance is given by several dealers in Philadelphia, and other large cities, and are glad to recommend such to the profession who seek pure milk for infants and invalids, but it would be vastly more beneficial if such well-conducted dairies were more general.

"PLEASE DROP NEWSPAPERS HERE FOR THE SICK IN THE HOSPITALS."

Has anyone who is connected with the hospitals and who is more or less acquainted with the subject of infection been past one of those charitable boxes intended for the good of the unfortunate sick in the hospitals, and considered what a prolific source of contagion newspapers deposited in them may become?

Placed, as these boxes are, on the street corners, in the railroad stations and in other public places, they are intended for the reception of newspapers and other reading matter, donated by kindly persons who have finished reading them.

Along comes a man with a hand inflamed by an erysipelatous lesion and deposits his paper in the box; next comes one who has been coughing tuberculous bacilli into his open sheet all the way to town in the train. He folds his paper carefully, inclosing the bacilli, and donates them as his charitable offering to the sick in the hospital.

This is not all; the ever-faithful pus germ, or the scarlet fever coccus, or the diphtheria bacillus, or even a stray smallpox microbe may find its way into the box of papers for the benefit (?) of the sick poor.

We do not know what kind of a reception these germs may meet in the hospitals before they are distributed to the patients, but what a jolly time they must have together in these boxes! (sic.)

Would it not be a worthier plan for the various newspaper managers to donate a few clean sheeets to the various hospitals of the city, every morning or evening, than to run the risk of allowing so much infection to be carried to the sick whom the city is supposed to cure?

THE DIPHTHERIA ANTITOXIN TREATMENT IN THE MUNICIPAL HOSPITAL IN PHILADELPHIA.

Five case of diphtheria have recently been treated in the Municipal Hospital of this city, with the ultimate result that the first one died and the other four recovered.

In every case the diphtheria bacilli were proven to be present, and the only question that can be raised against the success of the serum treatment is that the cases were also treated in the usual way by applications of tinct. ferri chlor. and bichloride of mercury. In view of the latter treatment it is impossible to

know how much of the success of the cures was due to the serum alone.

In one or two of the cases there was marked dimunition of the exudate after the injections were made. The serum used was that of Behring's, and also that of Aronsohn's, which is more concentrated.

Locally, formalin, in one per cent. solution, alternated with the peroxide of hydrogen, was used.

The ages of those operated on were from two and a half to 13 years.

THE TREATMENT OF SURGICAL TUBERCULOSIS BY HOT WATER.

Dr. M. Jaeunel, in La Semaine Medicale for October 3, 1894, gives an interesting account of his success by the use of hot water in tuberculous abscesses and in lesions of the bones and articulations. The technique is described as follows: "After having a tuberculous cavity cleared, the fistulous tracts are freely opened, the soft parts, bony elements or diseased joints are thoroughly curetted. All caseous, fungous material being cleared away, the part is sponged dry and all bleeding controlled. Now the parts are rinsed freely with sterilized water and again dried. Then, through a narrow tube, a small quantity of boiling water is injected. When the cavities are filled they are drained and filled again, until the affected tissues are thoroughly cauterized."

Another method of applying this method—par l'ebouillantement—is to fill the cavity with warm or cold water, then immerse for a moment in it the tip of a thermo-cautery iron, red hot. One teaspoonful of water so boiled will suffice for an abscess as large as a pullet's egg.

The pain is so acute that general anesthesia is usually required, though for a local superficial lesion cocainization will suffice.

For a time reaction is intense, but usually after the first day all pain passes off. For a few days succeeding the operation there is an abundant discharge of fluid detritus and serous matter, necessitating the frequent change of dressings. Union is usually rapid and the cure permanent.

Boiling water in certain cases is to be preferred to the dry cautery, because of its greater penetrating action and ready accessibility.

THE REPORTS OF THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

We trust our readers appreciate the excellent and untiring work which has been given to the reports of the recent meeting of this association by our able editor in this department, Dr. Monell, of New York.

These are the most complete reports which have been published of the most important event of the year in medical electricity, and represents a vast amount of literary work, valuable, not only to the electro-therapist, but to the general practitioner as well.

We wish it also borne in mind that no journal in the country has during the past year published such material on electro-therapeutics of value to the general practitioner as the "Times and Register—a point which we wish our subscribers to bear in mind in renewing their subscriptions, as well as recommending this journal to others.

SUNLIGHT AS A GERMICIDE.

A writer in the last issue (November 10) of the New York Medical Record thinks he has discovered a new germicide in the sun's rays, stating that they will arrest decomposition and destroy microbes at a temperature of 110 to 120 Fahrenheit. There is nothing especially new about this. It has long been noted that the sun's rays were one of the best disinfectants we have, and had the advantage of being plentiful and cheap. We doubt, however, if this means of disinfection is as much employed as it should be.

Correspondence.

MIXED ANESTHESIA.

The article in the November 10th issue of your journal on mixed anesthesia reminds me of my long experience in surgical operations and especially during the war, when we operated quite often, always using chloroform, but gave the patient nearly two ounces of whisky about half an hour before chloroform and never had any trouble from heart failure.

Yours,

O. D. NORTON, M. D.,
Cincinnati, Ohio.

Surgery.

Under the charge of T. H. MANLEY, M. D., 115 W. 49th St., New York.

EXPLORATORY OPERATION IN CANCER OF COLON.

After anesthetizing patient, incision two and one-half inches long is made in linea alba, between umbilicus and symphysis pubis, assistant preventing escape of any coil of intestine. The fingers are then carefully introduced into the right iliac fossa and condition of cecum ascertained. If this be distended right iliac fossa is explored, and condition of sigmoid flexure ascertained. If distended, its course is gently followed into the pelvis and seat of obstruction ascertained. Should sigmoid flexure be empty, it is followed upwards by the fingers, and descending colon traced to splenic flexure. The collapsed gut may, in favorable cases, be followed along the transverse colon to hepatic flexure, but is dangerous and difficult if much distension be present. When cecum and sigmoid flexure are distended, left inguinal or lumbar colotomy may be practiced; when cecum is distended and distending colon collapsed, right colotomy only. Chief advantages of this method: It will occasionally prevent unnecessary opening of colon, obstruction being found due to ovarian or uterine tumor, easily removable, or to adhesions or dissemination of cancer; it will prevent incision of left and then right loin.

—J. Bland Sutton, Clinical Journal, August 15, 1894.

THE TREATMENT OF CYSTITIS BY INSTILLATIONS OF BICHLORIDE OF MERCURY.

Colin reports thirty-four cases treated by sublimate instillations. Twelve were cured, nine greatly improved, nine improved, while no change was noticed in the remaining four. The good results noted in cases of ordinary cystitis have been likewise seen in cases of tuberculosis and gonorrhea of the bladder.

In the tubercular variety of cystitis the instillations give almost immediate relief from pain and tenesmus.

The instillations are to be made by Guyon's method. At first the injections should be made at intervals of two days, but later every day, and the strength of the solution gradually increased.

The strongest solutions required are 1-1000 to 1-500.

As to the quantity of fluid that should be injected, the author recommends five to ten grammes should be injected into the bladder, and ten to fifteen drops should be deposited near the neck of the bladder and in the posterior urethra.

Guyon, in 1891, made some experiments as regards the strength of a bichloride solution that could with comfort be injected into the bladder. He found that when the bladder was irrigated with a solution stronger than 1-4000 there was great pain and tenesmus. If, however, the solution was used in much smaller quantities as strong as 1-500 might be used without any disagreeable after effect.

—These de Paris, 74 pp., 1894.

CASTRATION AS A REMEDY FOR ENLARGED PROSTATE.

Women have long had almost a monopoly of the sensation of being unsexed, thanks to the enterprise and valiant skill of the gynecologist; but now the general surgeon, despairing of having castration of men adopted by law as a punishment for crime, has recommended it as a remedy for disease. Professor Ramm, of Sweden, performed the operation twice in 1893, for enlarged prostate. Haynes, of Los Angeles, three times; Fremont Smith, of St. Augustine, once; White, of Philadelphia, once; C. Mansell Moullin, of London, once. That well-known writer, in the British Medical Journal for November 3, advocates the operation in desperate cases, and states that it is invariably followed by disappearance of the enlarged prostate.

The crop of eunuchs, heretofore not very great in this country, may now be expected to increase with surprising rapidity, as our home talent is certainly not less bold than that of foreign nations, and no matter how dull the practice may become, American surgeons' knives are quite sharp enough to produce any number of sans testicules that may be demanded by the fantastic fads of the times.

—Journal of A. M. A.

Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

THE PLANE MIRROR.

At the last meeting of the American Ophthalmological Society Dr. B. Alexander Randall made a plea in favor of the plane mirror in retinoscopy, employed at a distance from the eye of from one to three metres. He claims that it is much more delicate when used in this way than the concave mirror, so that he can detect differences of one-fourth or even one-tenth dioptres. He has an ample source of light, with a sight-hole in the mirror of sufficient size. The pupil should be at least three millimetres in diameter in order to make the test successful.

The writer is suspicious of ophthalmometers, optometers and retinoscopes, as far as accuracy is concerned. The retinoscope is invaluable in detecting the kind of difficulty with which we are dealing, and in astigmatism it will tell us better than anything where its axis lies, but such instruments are not reliable when we come to telling the exact amount of ametropia. The lenses are the best test. All other means are at best an approximation to the true result.

—J. A. T.

OCCUPATIONS AND AMBLYOPIA.

Mr. Simon Snell, F. R. C. S., has called attention in the Ophthalmic Record to various occupations that give rise to amblyopia. Workers in rubber are poisoned by the bi-sulphide of carbon, which is used as a solvent to carry the chloride of sulphur into the rubber in the vulcanizing process. A high temperature is now being used for the same purpose, so we shall hear less and less of poisoning from this source.

Dinitro-benzol, which is used in the manufacture of explosives, causes amblyopia, like the bi-sulphide. It affects the grinders and mixers of the material, and also those who fill cartridges.

Galezowski, in 1879, asserted that those engaged in the manufacture of explosives, causes amblyopia, like the bi-sulphide. It affects the grinders and mixers of the material, and also those who fill cartridges.

It is well known that lead is a fruitful source of eye troubles. Mr. Snell mentions in particular the occupation of file cutting as a means of lead poisoning. The file is placed upon a bed of lead, and every stroke liberates some of the metal, which is inhaled and otherwise absorbed. Optic neuritis and ocular paralysis are the most common consequences of this kind of poisoning.

Those who work where bright light is employed are said to be more liable than others to cataracts. Electric welders are obliged to wear a screen to prevent their being affected by the light. If their eyes are exposed to it, they feel the effect at once, but the worst effect comes several hours afterwards. The lids become swollen so they cannot be opened, and the pain lasts all night. It is supposed that the actinic rays are the source of injury in these cases, in which case dark ruby glass as a protection would be indicated.

J. A. T.

Book Notes.

DIAGNOSIS, DIFFERENTIAL DIAGNOSIS AND TREATMENT OF DISEASES OF THE EYE. By A. E. Adams, M. D. G. P. Putnam's Sons.

This little work of 86 pages contains tables of the diseases of the eye, with the differential diagnosis between them and other dieases with which they might be confounded. It is intended to help the busy general practitioner, who, not having had the experience of the specialist, needs something to which he can quickly turn and at a glance determine to what disease the symptoms in a given case belong. It is admirably adapted to this purpose, and is a valuable contribution to the handbooks for ready reference. J. A. T.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 44 West 46th St., New York.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

REPORT OF FOURTH ANNUAL MEETING.

THIRD SECTION.

Continued.

September 26.—The business of the meeting was continued by the committee's report upon static machines. In recommending that a machine should have not less than six plates of not less than 28 inches diameter it was intended only to eliminate toy machines, as small plates did not generate sufficient power for therapeutic purposes. Larger machines were, of course, superior to small ones, and in many cases were made to order for physicians who preferred plates of 30 to 40 or even 45 inches diameter.

Dr. Kellogg stated that he had employed a small machine for many years, and later obtained a regular size apparatus from the leading makers, which he used with better results. He, however, did not formerly regard static electricity with much favor, and his writings gave it a small place in his therapeutic work. Within a year, however, he had a New York firm make him a very powerful machine, with six plates, 45 inches in diameter. He is now much better satisfied with static electricity. In fact, was pleased with it and got four times as good results from it as formerly. He found its effects very marked. The excretion of CO_2 was increased during the static charge.

He recognized the value of increasing the power of the current, and for this purpose had a large drum made to surround the insulated patient and concentrate the charge.

The D'Arsonval transformer for producing a high frequency current from the ordinary static discharge lends additional interst to this apparatus, which appears to be only waiting for sufficient mechanical improvement to take its proper place in general use. Another fact disclosed at the meeting by Mr. Kennelly was that the static discharge was sinusoidal in character, while it has hitherto been represented as just the reverse.

No form of electricity has been more misunderstood than the static; a fact chiefly owing to the lack of improved inventions to produce it for convenient therapeutic use. Its merits is indisputable. Inferior machines have done much to injure its reputation in the past, but excellent static machines are now obtainable.

A report on the treatment of urethral stricture by his own method was next read by Dr. Newman.

Former reports were referred to and confirmed by sworn statements from several sources. Having practiced his method for over a quarter of a century Dr. Newman declared that "failures were due to individual causes, and did not invalidate the method." Some discussion arose over the question of steel sounds versus the Newman sounds, but Dr. Newman so convincingly advocates his own instruments and technique, and his success is so absolute that it would appear advisable to adhere to his method entirely.

It requires skill and attention to details, but if properly carried out it will rarely fall short of success.

Dr. R. J. Nunn, of Savannah, next presented some observations on the "Behavior of Cancer Under Mild Galvanic Currents." As it is well known that benign tumors can be absorbed by the galvanic current he resolved to tests its influence upon a cancer. The case was that of a lady aged 60 with a tumor of the left breast. First noticed tumor five years previously. It was nodular, 2½ by 2 inches in size. Axillary glands were enlarged on one side. The tumor had greatly increased in size during the two months previous to consulting Dr. Nunn. The kidneys were not affected, but she had the appearance of grave disease. Subjecting her to shock or depletion was out of the question, and the idea of an operation was given up. It was determined to try percutaneous galvanism frequently repeated. The positive was applied to the first,

with the negative to hands and also to axillary glands.

After five months of this treatment the tumor of the breast softened and reduced somewhat in size. The patient then quit and went to a faith cure for five months. When seen again by Dr. Nunn the tumor had grown to thirteen inches in diameter and was ulcerated in the centre. The left axillary glands were greatly swollen. There was a lump one inch in diameter in the right breast and the pelvic organs were involved. She despaired of relief, and died a few months later.

In reviewing this case Dr. Nunn believed that had she not interrupted treatment, the benefit would have continued. The course of the disease was very rapid after his treatment stopped, and the galvanism seemed to have held the process in check. He concluded that carcinoma can be benefited by mild galvanic currents of large diffusion frequently applied percutaneously.

Dr. Wallace stated that he had applied iodide of potassium with galvanism, twelve applications reduced the tumor, and it has now disappeared. In this case the diagnosis of cancer was made by a prominent physician, but Dr. Wallace concluded that he was mistaken, the prevailing opinion being that if a tumor disappeared under treatment, it was benign, while if the patient died it was cancer. Under this rule of diagnosis electricity could not cure a cancer. He has employed 20 to 30 ma. to produce cataphoresis of the K. I.

Dr. Herdman cited a case of cancer he had apparently cured in six months by electricity. In six months more the tumor reappeared, and then electricity did no good. It was excised and a year later the patient died of cancer of the liver. His applications were made daily.

A case of round celled sarcoma was also treated by puncture with absolutely no benefit. In two other cases where electricity failed it was proved that the growths were malignant. In all cases where tumors have been scattered by electrical currents, it was the consensus of opinion that they were not of a malignant nature.

At this point a very practical motion was made by Dr. Beavor to the effect that instrument makers be requested by the society to adopt a uniform method of attaching conducting cords to battery posts, electrodes, etc. As goods were made now, he said, each manufacturer sold a different sized tip, and some connected by screws, some by springs, etc. If a physician had bought certain parts of his outfit from one maker and part from another he could not readily use the two together.

Rheophores and electrodes certainly should all fit, no matter where purchased. The motion was carried unanimously.

Other routine business was disposed of at this juncture, including the selection of Toronto as the next meeting place, and the reports upon constant current generations and induction apparatus.

The next paper was upon the "Effects of High Frequency Discharges," by Professor Elihu Thomson, of Lynn, Mass. During the past two years Professor Thomson had made special inquiries into the cause of the harmlessness of high frequency currents. No previous explanation explained it. Currents of less than 2000 volts were fatal to life, while currents of 200,000 volts were passed through the human body with impunity. Diagrams of coils, condensers, etc., were shown to illustrate the author's remarks. He held that the true cause was physiological and due to some peculiar relation between nerve excitation and high frequency currents.

(Note—The subject has long been one of great interest and has recently had fresh attention called to it by Tesla's fearless handling of high intensities. The question is probably a simple one of amperage. High frequency currents would be deadly enough if they added quantity of current and length of oscillation to their enormous electromotive force. Exceedingly rapid oscillations may be comfortably endured by parts or all of the human framework so long as the to and fro swing of the movement is infinitely small. A sense of numbness may be occasioned as the result, and this is utilized in various local methods of treatment by mechanical vibration. If, however, the same rapidity and force of motion was joined to a to and fro swing of several inches only, the violence of the shock would utterly destroy the victim. The same principle applies alike to electric and mechanical oscillations, and renders Professor Thomson's ingenious and mysterious theory superfluous.—Ed.)

Another paper somewhat outside the routine work of electro-therapeutics, was upon "The Incandescent Electric Light or Radiant Heat Bath," by Dr. J. H.

Kellogg. He employs a cabinet apparatus with 50 or 60 incandescent lamps aranged in rows inside, the spaces between the lamps being covered with glass mirrors. As far back as 1880 Siemens showed that the electric light promotes growth in plants, and aids to ripen fruits. Similar experiments have been made by others, notably in 1889-90, at the Cornell University Agricultural Station. The following conclusions are sustained by experimental results:

1. That the electric light is, qualitatively, fairly comparable to sunlight in its power to promote protoplasmic activity.

2. That it acts as a true vital stimulus, converting night into day for the plant, and counteracting the deleterious effects of artificial conditions, such as stove heat, etc.

To determine more exactly its physiological properties as regards human beings and its value in medicine, Dr. Kellogg conducted a series of experiments which justify the following conclusions:

1. The I. E. L. bath increases the excretion of CO2 50 per cent., and hence stimulates tissue metabolism.

2. Owing to the greatly increased activity of the skin, the urea and total chlorides are somewhat diminished.

3. Vigorous perspiration was induced at a temperature below that of the body (85 F.) in half the time required by a Turkish bath at 160 F., and the effect is independent of the temperature of the surrounding air.

4. This bath possesses many advantages over Turkish, Russian, vapor and hot air baths, chief of which are: The penetrating power of radiant heat, which is far superior to the convection heat of ordinary baths; the superior stimulating effect upon tissue metabolism; the readiness with which perspiration may be induced when desired (1 to 3 minutes); the low temperature of the surrounding air, which permits the full effects of the bath; the readiness and accuracy with which dosage may be regulated; the wider range of application which admits of the use of the bath for a tonic and sedative as well as alterative and spoliative effects.

5. The incandescent electric light is superior to the arc light for therapeutic purposes for the reason that it can be more readily and evenly distributed, and is free from injurious effects.

S. H. MONELL.

(To be continued.)

Miscellany.

THE ANTITOXIN TREATMENT OF DIPHTHERIA.

We this week report further cases of the cure of most severe cases of diphtheria apparently on the verge of a fatal result by the use of the antitoxin All the cases hitherto reported in the Journal have been in the practice of private practitioners. The remarkable curative powers of the antitoxin appear to be established here and all over the world. It is a pity that so much credit has been given to M. Roux, of Paris, and in the world-wide telegrams for merely applying a remedy which is of German origin; the hysterical excitement manifested in France, from the President downwards, does more credit to the heart than to the head. A more ridiculous and more misplaced outburst of false Chauvinism has rarely been witnessed, even among our charming and able but excitable neighbors. Sir Joseph Lister's appeal is somewhat puzzling, for only a fortnight ago he stopped an appeal of the kind with the statement that the cost of treatment per case did not exceed 9d. to 1s. 6d., which is less than the ordinary cost of existing medication.

—British Med. Journal.

WHAT WE ARE COMING TO.

(Public School, first grade, A. D. 1905.)

Teacher (to applicant for admission) —"Johnnie, have you got a certificate of vaccination for smallpox?"

"Yes, sir."

"Have you been inoculated for croup?"

"Yes, sir."

"Been treated with diphtheria serum?"

"Yes, sir."

"Had your arm scratched with cholera bacilli?"

"Yes, sir."

"Have you a written guarantee that you are proof against whooping-cough, measles, mumps, scarlet fever and old age?"

"Yes, sir."

"Have you your own private drinking cup?"

"Yes, sir."

"Do you promise not to exchange sponges with the boy next to you and never use any but your own pencil?"

"Yes, sir."

"Will you agree to have your books fumigated with sulphur, and sprinkle your clothes with chloride of lime once a week?"

"Yes, sir."

"Johnnie, you have met the first requirements of the modern sanitarians and may now climb over yonder rail, occupy an isolated aluminium seat and begin making P's and Q's as your first lesson."

Book Notes.

A SYNOPSIS OF THE PRACTICE OF MEDICINE. By William Blair Stewart, M. D. Published by E. B. Treat & Co., New York. Price $2.75.

The design of the above title book is to present a brief synopsis on the subject of general medicine, tending to condense the important elements in the larger text books. All the prominent authors have been reviewed both in text books and medical journals and the most approved methods of treatment given prominence.

A work like this is only useful for quick reference or to condense general ideas. To sit down and peruse any one subject gives one the impression that there is much left out which might have been said, and, yet, which to add would materially increase the bulkiness of the work and would destroy the prime object of conciseness.

THE PHYSICIAN'S VISITING LIST FOR 1895. P. Blakiston & Sons, Phila., Publishers.

This well-known visiting list is the first out for the new year. It is, as usual, well arranged and contains valuable dose tables in both systems, as well a the calendar for 1895.

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS: A MANUAL FOR THE USE OF PHYSICIANS, SURGEONS AND STUDENTS. By Charles W. Purdy, M. D., Queen's University. In one Crown Octavo volume, 360 pages, in Extra Cloth, $2.50 net. Philadelphia: The F. A. Davis Co., Publishers.

This is a work bringing urinary analysis up to the present scientific attainment. It contains numerous plates, some of which are colored, of the microscopic appearances of the urinary sediment. Part first deals with analysis of the urine, devoting a section to general considerations, a section to composition of normal urine, one on proteids, one on carbohydrates, urinary sediments, anatomical sediments, gravel and calculus.

Part two consists of urinary diagnosis, and is divided into diseases of the urinary organs and a consideration of the urine in other diseases; also an appendix considering the examination of the urine for life insurance.

The work is one of considerable value to the active practitioner.

THE USE OF TRACTION IN THE TREATMENT OF JOINT DISEASES. By Stewart LeRoy McCurdy, A. M., M. D., Pittsburg, Pa. Reprint from the Pittsburg Medical Review for September, 1894.

NEW YORK LETTERS ON ORTHOPEDIC SURGERY. The Scope of Orthopedic Surgery, Tubercular Abscesses and Their Treatment. By Stewart LeRoy McCurdy, M. D., Dennison, Ohio.

THE ANTI-OPIUM TREATMENT OF INTESTINAL OBSTRUCTION, TYPHLITIS, APPENDICITIS, ETC., with Illustrative Cases. By Arthur DeVoe, M. D., Seattle, Wash.

PERSISTENT ALBUMINURIA AND GLYCOSURIA, WITH FREQUENT HYALINE CASTS, IN FUNCTIONAL NERVOUS DISEASES. By Landon Carter Gray, M. D., of New York. Reprint from the American Journal of the Medical Sciences, October, 1894.

Prescriptions.

A RHUBARB DRAUGHT.

		Gram.	
R.	Pulveris Rhei gr. xxx.....	2	
	Sodii Bicarbonatis gr. xx....	1	3
	Spiritus Myristicae m. xx.....	1	3
	Syrupi Zingiberis dr.i.....	4	
	Aquae Floris Aurantii ad oz 1½	45	

Misce et fiat haustus.

To be taken at bedtime.

FOR INTERTRIGO IN CHILDREN.

		Gram.	
R.	Liquoris Plumbi Subacetatis dr. iv.....	16	
	Acidi Borici gr. xx.....	1	3
	Extracti Hamamelis Destillati dr. ij.....	8	
	Lactis Recentis ad oz. x.....310		

Misce et fiat applicatio.

To be applied on a pad of absorbent cotton-wool to the affected parts.

AN ALKALINE CHALYBEATE TONIC.

		Gram.	
R.	Ammonii Carbonatis gr. iij ..		18
	Ferri Tartarati gr. v.....		30
	Syrupi Zingiberis oz. i.....	4	
	Infusi Cascarillae ad dr. i.....	30	

Misce et fiat mistura.

Two tablespoonfuls to be taken three times daily after meals.

AN ANTISPASMODIC AND CARMINATIVE DRAUHT.

		Gram.
R.	Spiritus Ammoniae Foetidi m. xxx.....	2
	Spiritus Ammoniae Aromatici m. xxx	2
	Syrupi Floris Aurantii dr. i...	4
	Aquae Camphorae ad oz. i....	30

Misce et fiat haustus.

To be given three or four times daily, as required.

—Practitioner.

ROYAL COLLEGE OF SURGEONS
17 DEC 94
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The Times and Register.

Vol. XXVIII. No. 22. Philadelphia, December 1, 1894. Whole No. 847.

Original.

CASTRATION FOR HYPERTROPHIED PROSTATE.*

BY B. MERRILL RICKETTS, PH. B., M. D., CINCINNATI.

It seems unkind that a man in declining years should have any difficulty whatever in evacuating the urinary bladder. However unkind it may seem, however, or however thoughtless nature was in the construction of the anatomy of the genito-urinary organs of man, the fact nevertheless remains.

Whether or not it is the result of man's own folly in having lived an irregular life in any one or more of the various dissipations, or whether it is due to any fault in the mode of living of any of his ancestors does not seem to be well understood. That there is some relation between a hypertrophied prostate and tuberculosis I do not question. That the prostate may be influenced more or less by several of the constitutional diseases, especially the acute local diseases of the rectum and genito-urinary system; that a diseased rectum has more or less influence upon the prostate is a foregone conclusion. Hemorrhoids, fissures, fistulae, together with strictures, ulcerations and malignant growths, have their influence; in fact, any abnormal condition in the pelvis that will cause congestion is likely to cause the prostate to become larger. It is fibrous in its structure and well supplied with blood vessels and nerves. It is subjected to all the influences arising from the various abnormal conditions of the urine, and especially influenced by a urine that is excessively acid.

The prostate of a man who drinks beer, gin, wine or alcohol in any form is more or less congested and hypertrophied. Its office is supposed to be that of secreting fluid to mingle with that secreted by the testicle. If this is so, excessive coition has its bad influence, and no doubt is many times the cause of hypertrophy in persons with otherwise the most temperate habits. The relation of the testicle to the prostate does not seem to be well understood, unless its office is wholly for this purpose. However, the removal of the prostate does not seem to have any influence upon the testicle. The question naturally arises, what influence will the removal of the testicle have upon the prostate.

It is an established fact that eunuchs who are made such in childhood never have perceptible prostates. It is also a fact that lambs, dogs, cats, and calves, that have been castrated, are without prostates. This I believe holds good with any animal.

It stands to reason, then, this being the case, that the prostate will atrophy even though the testicles be removed in later life. This may be the reason for degeneration of the testicles in the very old; this, perhaps, is nature's own way of bringing about an atrophied condition in cases that are not unfrequently met with, where the testicles undergo degeneration. Therefore, if this is so, we must give nature credit for more than she has formerly been credited with.

If this is the case, perhaps hypertro-

*Read before the Mississippi Valley Medical Association, Hot Springs, Ark., November 20-24, 1894.

phied prostate is the result of some irregularities in the living of man, either directly or indirectly. Thus far there does not seem to have been any surgical procedure giving the least benefit whatever to those so afflicted with the greatest danger. The supra-pubic or perineal section, either one or both combined, are attended with great danger.

This being the fact makes it necessary for the surgeon to look further for the relief of this unfortunate condition. True, aseptic surgery combined with improved technique, has made it possible for the prostate to be removed by either one of these means with comparative safety; but as the result in surgery, like many other things, is so uncertain, we have not the right to say who will get well or who will die. Even where the patients survive the operation, many of them are neither cured nor even relieved.

As this hypertrophy is found mostly in the old, the operation is all the more complicated. Serious hypertrophy incapacitates a man, as a rule, for business or any enjoyment whatever. It is progressive, and in the course of time develops to such a degree that almost anything is preferable to living. The patient in this, as in many other abnormal conditions, becomes desperate and is willing to take his chances in almost any operative procedure.

If, therefore, the disease has progressed to such a degree, and the patient is suffering to the extent of demanding some surgical interference, is it not but right to do that which offers him the greatest relief, even though it should be asexualization?

Fortunately, this disease usually manifests itself at a time when the sexual life is practically at an end. Even though it were not, the major portion of them would be willing to undergo the operation of castration in preference to living a life of suffering and unhappiness or undergoing any one or more of the more serious and complicated operations, especially as the operation of castration is of itself a simple one and can be done without practically the least danger to the patient. Of course, the operation should not be made without the patient's consent and his knowledge of the results. From a human standpoint, no man after the age of 70 years should be allowed to beget a child, however great his desire may be. Fortunately, there are not many after that age who have the desire or ability to do such a thing.

Believing as I do, then, that the end justifies the means and that the preponderance of evidence is in favor of castration, producing atrophy of the prostate, I have recently, of course with the consent of the patient, made a castration for hypertrophied prostate.

The patient was white, aet. 74, in a fair physical condition, about six feet tall, weighing 160 or 170 pounds, having formerly weighed something like 200 pounds; consulted me October 23, for a most pitiable condition. The attending physician had not been able to introduce a catheter of any kind into his bladder, although many attempts had been made. The desire for urinating was frequent, being something like thirty times during the twenty-four hours. The pain was severe and sleep could not be obtained. No kind of medication seemed to give any relief. He had been a temperate, industrious farmer, without ever having had gonorrhea or syphilis. He was the father of a large family, and had within the year had an attack of remittent fever. The prostatic trouble was very much aggravated during and following this attack. He remarked that he would rather be dead than suffer as he had suffered, and that he was willing to undergo any operation that I might suggest. My inclination at first was to make a supra-pubic operation, possibly combining the supra-pubic and perineal.

After thoroughly considering the matter and explaining to him the probable results of the various operations, I decided to remove his testicles. After having him under observation for ten days, I proceeded to operate on the 26th of October, in the presence of Drs. Schenck, Spargur, Joseph Ricketts, Green and Kunz, and my students, Robinson and Laughlin. I removed the testicles. The arteries were tortioned, the wound closed, and integument coapted with a continuous silkworm suture.

The patient rallied well from the chloroform and suffered no inconvenience of pain thereafter. The wound was examined on the fourth day and primary union was found to have taken place. He left my hospital at the end of the sixth day. On the second day after the

operation he told me that he could urinate with greater ease and that the pain was slight; that he could sleep four hours at a time during the night, whereas formerly he had been getting up once every hour. This condition continued to improve during his stay in my hospital.

To Ramm, of Christiana, no doubt belongs the priority of this operation for hypertrophied prostate.

Watson claims that unilateral castration will cause unilateral atrophy of the prostate.

"Cousins' opinion is that whatever the result of division or excision of a portion of the vast deferens might be upon the prostatic symptoms so common in old men, in young men this accident was always followed by more or less atrophy and permanent injury of the testicle.

"He had known this accident occur during the old methods of operation for stone."

It is a fact, however, that the removal of the testicles will cause the prostate to disappear even when done late in life.

Mansell-Moullin says that there is no need to fear that it will be followed by any of the changes in the secondary sexual characters that occur when castration is performed in early life.

The following is a list of the operations thus far reported and by whom made, not one failing to result in recovery:

Ramm, April, 1893	2
Haynes, California	3
Smith, St. Augustine	1
White, Philadelphia	1
Powell, (Accidental)	1
Moullin	1
Total	9

The results obtained by these operators, to say nothing of the observations of Mr. White upon the lower animals, are, I am quite sure, of sufficient evidence to warrant the operations of castration to be made in cases of hypertrophied prostate where the patient gives consent.

—"The Trinidad," No. 137 Broadway, Cincinnati.

TREATMENT OF BURNS WITH ARISTOL—A CLINICAL NOTE.

BY PROF. ANASTASIUS HAAS.

In recent times attention has been directed to the anesthetic action of aristol, and it has been especially shown that when applied to burns the remedy exerts a remarkably favorable influence in relieving the pains which attend these accidents.

Aside from this, aristol occupies a high place as a cicatrisant, as has been demonstrated by a large number of observers, and also possesses powerful antiseptic properties. It is for these reasons that the remedy appears to be especially suitable, it may be predestined, for the treatment of burns.

It is noteworthy that under its use the duration of healing is remarkably short, and that the pains are almost instantly relieved. In confirmation of this statement the following notes are presented:

R. Bufill, Barcelona, describes a case of burns of the arm, in which he observed that a solution of aristol in oil, as well as a mixture with lanoline (10 per cent.) produced a marked alleviation of the pains, and accelerated the healing process.

Von Kliegl reports a number of cases of burns from the surgical clinic of Prof. V. Mosetig-Moorhof, in Vienna, and states in conclusion "that of all other remedies employed in burns aristol, in the form of 10 per cent. salve, proved the most serviceable."

Whiteleath (New England Medical Monthly, May, 1893) and Stern (Prescription, February, 1894) extols the value of aristol ointment in burns, especially on account of its analgesic properties. Stern has obtained equally satisfactory results from a 10 per cent. salve of aristol and vaseline in burns and scalds. In a case of burns of the forearm of the third degree, healing took place in less than a month; in a case of scalds by hot water, in which almost the entire body was covered with blebs, in the course of two weeks.

Professor Demme, of Berne, in his well known "Therapeutic Contributions from Pediatric Practice," states that his treatment of burns is as follows: After evacuation of the contents of the blisters he applies cloths moistened with liniment of linseed oil and lime water; later he covers the affected parts with a thick layer of iodoform or aristol gauze, over which is applied a layer of cotton and a bandage.

MacCoy (New England Medical Monthly, December, 1893), reports a case of burns in a fireman, whose legs as far

as the soles of the feet were scalded by steam. The skin hung in shreds, and there was a profuse fetid suppuration. The wound showed no tendency to heal. After application of an aristol ointment, however, excellent results were obtained, even at the end of twenty-four hours. Healing rapidly progressed, more rapidly than the author had ever observed. In a practice of 28 years he had never witnessed such satisfactory results.

These favorable reports induced me to avail myself of aristol, especially as I had abundant opportunity to observe and treat numerous cases of accidents in chemical and similar factories.

In burns due to chemical agents, in which heat usually plays a part, we generally meet with the severe forms of the second and third degree. The symptoms of these burns are well known, and I will not exhaust the reader's patience by the narration of clinical histories, for the aim of this communication is simply to call the attention of practitioners to the advantages of aristol treatment in this class of cases.

In the treatment of burns the chief indication, after the affected parts have been disinfected, is to keep away all injurious agents from without by means of a mild non-irritant antiseptic, and thereby to produce rapid and painless cicatrization. These properties belong to aristol in a remarkable degree. In numerous cases I was able to demonstrate that the painfulness of the burned areas rapidly subsided and failed to return under the influence of aristol. Furthermore, aristol forms a protecting antiseptic cover of great uniformity, and finally, and this is of chief importance, we were able to confirm in cases of burns the fact observed in other conditions, that this remedy exerts excellent effects in promoting granulation and bringing about cicatrization. Therefore, it fulfills all the requisites of a remedy for the treatment of burns, and is far preferable to iodoform, especially in cases of extensive burns, because it is entirely innocuous. Even large areas of the body can be covered without risk with aristol, while in the case of iodoform, which was formerly awarded the first place in the treatment of burns, we were never assured against the danger of severe intoxication, especially in extensive burns.

The treatment of burns should therefore be as follows: First, the affected parts are disinfected thoroughly with 2 per cent. solution of boric acid, and the vesicles are opened. In less extensive burns, in order to insure more complete disinfection, it will be more advantageous to employ a stronger disinfectant. The burned areas are then sufficiently covered with aristol gauze, over which is applied a layer of sterilized cotton, gutta percha paper and a bandage, the dressing being renewed when required. It is not advisable at first to dust the aristol powder directly upon the burned places, because this might impair the absorption of the wound secretions by the dressing. At a later period, when the secretion has diminished, the aristol may be insufflated in substance, or applied in the form of a 10 per cent. ointment, which will produce a rapid cure.

I make use for this purpose of the following formula:

		Grains.
R.	Aristol	5.0-10
	Ol. Oliv.	20
	Sol. Adde	
	Vaseline	
	Lanolin a.a.	40

M. f. ungt. D. S. Ointment for burns.
—Morgagni, July, 1894.

Society Reports.

THE TWENTIETH ANNUAL SESSION OF THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION WAS HELD AT HOT SPRINGS, ARK., NOVEMBER 20, 21, 22, 23.

Dr. X. C. Scott, president of the association, in a few appropriate words introduced Gov. William M. Fishback, who delivered the address of welcome in behalf of the State. He spoke of the honor conferred upon him by such an august body and spoke in high terms of the rapid progress the medical profession had made in the last two centuries. He alluded to the educational progress of Arkansas and closed with a few remarks welcoming the gentlemen to the State.

After the announcement of the committee on credentials, the annual address of the president was read. The address was masterly and comprehensive. In the address the president touched upon various matters pertaining to

the organization, pointing towards the more thoroughness in conducting the business of the association. He spoke in the warmest terms of Col. H. C. Townsend for the interest he had taken in securing a reduction of railroad fare, which resulted in the large attendance of the members of the association. The convention then adjourned until 2 o'clock P. M.

Afternoon session.—In the afternoon the first paper read was by W. S. Kerr, of Mansfield, Ohio—"Some observations on the rights and duties of medical witnesses."

In this paper the reader outlined the difficulties under which expert testimony is given from the lawyer's standpoint. The paper was discussed by Dr. Harold N. Majer, of Chicago, who elucidated some of the shortcomings of the legal fraternity, deducing his observations from extensive personal experience.

The discussion was continued by Dr. Hughes, of St. Louis and Kirby, of Harrison, Ark. The point at issue was as to the matter of compensation for such testimony.

The second paper was, "Bone and Joint Tuberculosis," the future field of litigation against railways, by Dr. Emory Lanphear, of St. Louis.

The burden of the argument was that minor sprains are frequently primary cause of tuberculosis; that tuberculosis is not inherited, but always acquired.

The next paper was by Dr. Robert H. Babcock, of Chicago, on "Enlargement of the heart without valvular disease, with special reference to treatment." This paper was highly scientific, still exceedingly interesting, heightened by the fact that the speaker is entirely blind.

"Oxygen as a heart tonic and some of the benefits which may be derived from its use as such," was the third paper, read by Dr. W. T. Baird, of Dallas, Texas.

Dr. W. H. Daily, of Pittsburg, Pa., was on motion permitted to read a voluntary paper, "Malaria, a water born disease." The object of the argument was to establish by experience and proofs by observation that malaria diseases are contracted only by drinking malaria infected waters. Dr. Hughes in the discussion that ensued insisted that it is also a vapor born disease and cited his own experience in substantiation that vapor is the carrier of malaria.

In response Dr. Daily said that without being a prophet, or the son of a prophet, neither the seventh son of a seventh son, he felt confident in making the assertion that within five years the idea that now prevails relating to the natter of the conveyance of malaria germs by the atmosphere would be consigned to the realms of nonsense.

The concluding paper of the day's session was read by Dr. A. Ravogli, the subject being, "The influence of early treatment on late manifestations of syphilis." It was a comprehensive paper, scientific and advocated the earliest constitutional treatment after the appearance of symptoms, as the initial lesion is no criterion as to the gravity of the lesion.

Second day, Wednesday morning.—A paper on "Intestinal Indigestion" was read by Dr. A. P. Buchanon, Fort Wayne, Ind.

The chairman announced the names of the Committee on President's Address: Drs. W. W. Patton, Buffalo, N. Y., chairman; I. N. Love, St. Louis; Thomas Hunt Stuckey, Louisville, Ky.; A. S. Garnett, Hot Springs, and C. B. Parker, Cleveland.

Dr. C. J. Woodbridge, of Youngstown, O., read a paper, "Typhoid fever can be aborted; another year's work with no death and no failure in evidence." The paper—a lengthy one—was followed by another, "Ox gall treatment in typhoid," which inaugurated the most interesting part of the morning's discussion. In his paper Dr. Woodbridge assumed the position that any case of typhoid fever could be aborted in from six to twelve days. These papers elicited the greatest interest and discussion since the meeting convened.

The concensus of opinion was antagonistic to the views expressed by Dr. Woodbridge. Dr. Love, of St. Louis, the first speaker, censured in severe terms the dogmatic position assumed by the author in stating that "any physician who lost a patient from typhoid fever should be sued for malpractice." After elucidating the changes taking in the intestines during the fever Dr. Humiston pointed out the inaccuracies in the tabulated reports submitted.

Dr. Potter, of Texas, gave as his experience of forty years that the condi-

tions contributing to produce the typhoid varied as to the climate, habits and surroundings.

Dr. G. Frank Lydston, of Chicago, pointed out the importance of correct diagnosis; that to do this time was necessary, it being impossible to make this diagnosis in one or two visits.

Dr. Loring, of Ohio, made a very interesting and witty speech, concluding that the principal treatment was to "cool the patient when hot, to warm when cool, to stimulate when weak, and to tranquilize when wakeful."

Dr. Woodbridge, in conclusion, took exceptions and made strong objections to the outrageous manner in which he had been treated. He declared that time alone would confirm the corroborations of his views.

Interesting discussions followed the reading of the paper on "The Importance of Urinalysis in Diagnosis," by Dr. A. B. Walker, of Canton, O., and "My Experiences With Gold as a Therapeutic Agent," by Dr. A. M. Owen, of Evansville, Ind.

Wednesday Afternoon.—At the beginning of the afternoon session the Nominating Committee were announced: Drs. Love, St. Louis; Lydston, Chicago; Cook, Indianapolis; Potter, Texas; Collings, Hot Springs; Walker, Detroit; Coffin, Kansas City; Barclay, Pittsburg, Pa.; Holland, Hot Springs.

The first paper of the afternoon session was by Dr. Sturny Loring, of Columbus, O., "Physicians' Prescriptions." The paper dwelt upon the carelessness of physicians in their chirography in writing prescriptions.

"Toxics," by Dr. William F. Barclay, of Pittsburg, was a scholarly and scientific paper.

"Quinine in Chorea" was the succeeding paper, read by Dr. Frank R. Fry, St. Louis. This paper was discussed at considerable length by Drs. Hughes, of St. Louis; Harrold Moyer, of Chicago; Ricketts, of Cincinnati; Ashton, of Texas, and others.

"Reflex Irritation as a Cause of Nervous Diseases" was the subject of an interesting paper by Dr. Edwin Walker, of Evansville, Ind., which was also discussed at considerable length.

An exceedingly interesting and entertaining paper was that of Dr. Harrold S. Moyer, of Chicago, his subject being "Accident and Injuries From Electric Currents of High Potential." It was scientific, and betrayed great research and observation.

(To be continued.)

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PHILADELPHIA, DECEMBER 1, 1894.

THE LARGE INCISION IN EXTIRPATION OF MAMMARY TUMORS.

The subject of the most radical measures for the extirpation of cancer of the breast has again received a fresh impetus in America, of late, especially through late contributions presented by such high authorities as Drs. Bull and Meyer, of New York, and Halstead, of Baltimore.

These latter authors, proceeding on the assumption that cancer is at first a local disease, and that an early operation which will involve a wide extirpation of diseased areas, now advise that after a rhomboid division of the mammary gland is made, we should carry the scalpel far up, into the axilliary space, remove the under layer of the mammary capsule and the pectoral fascia, and thoroughly dissect away all the axillary glands.

Some would go as far as to make a wide breach in the integuments, away

from the tumor and then, instead of bringing the divided edges into opposition with nature, endeavor to fill in the gap, by grafting of the scarf skin. Dr. Willey Meyer, of New York, has recommended that the dissection be made more radical yet, by recommending that the pectoralis major and minor muscles be always completely swept away.

Thus it seems that operative surgery has taken another plunge. Now let us see what we hope for through the new departure.

First, with reference to statistics of so-called cures:

Now, if there is any one clinical law more definite and absolute than the positive certainty of cancerous regrowth we should like to know it; nay, it is even a question to-day whether any sort of operation ever arrests its progress when once started.

Thus, Sir James Paget, the celebrated surgeon and pathologist of world-wide renown, seriously questions whether surgery, as a whole, in any manner prolongs life in those cases, and it is said of the late Dr. Henry B. Sands, that for some time before his death, his experience had been so discouraging that in a large number he strongly advised against operations.

Statistics, however, now point the other way; but who has forgotten "Conderango," which was reported to have cured every type of cancer? And does not everyone know that statistics may prove anything?

The fatal objections against the "complete" operation on the breast is that in a considerable number of cases, the neoplasm is benign, in which event such an extensive mutilation would be a serious calamity. For this axillary incision always leaves a dense, deep scar, which limits for all time shoulder-joint action, causes a painful pressure in the brachial plexus, and so much tension on the axillary vein as to interfere with the venous circulation.

But it may be said that the lymphatics are congested and indurated, or perchance they are the seat of malignant cello-proliferation and hence should be removed.

The fact is, however, that in a considerable number of cases as soon as the diseased breast is removed the tumefied glands quickly resolve to their normal size or greatly disappear.

Certainly, if there were hard, nodulated masses in the armpit, they should simultaneously be extirpated, but not otherwise, as the axillary incision always adds a new element to the danger of operation.

The fact that cancer elements may be found in the enlarged glands proves nothing, for the chances are that the same infiltrate has more or less generalized before the adenomatus manifestations are pronounced, and no doubt infect all the adjacent tissues, through the osseous and vascular; and general invasion is too widespread to permit of radical extirpation.

There is no proof, then, that there is anything to commend the radical operation, so called, in any except unusual cases; on the contrary, its additional dangers to life and the certainty of the scar it leaves, forever restricting arm movement and causing constant pain, are my serious and valid objections against it.

DEATH BY ELECTRICITY.

RESUSCITATION BY THE D'ARSONVAL PLAN.

The recent resuscitation of a man in Pittsfield, Mass., by the d'Arsonval plan, after he had received 4600 volts of electricity from live wires, as was alleged, and had been apparently dead for seven minutes, has been much commented on, particularly by the New York papers, who have used it in support of Dr. d'Arsonval's theory that the criminals electrocuted in New York State do not really die until the autopsy is performed by the surgeons.

Professors Edwin J. Houston and A. E. Kennelly, of this city, recently made some experiments upon animals at their laboratory, in West Philadelphia, by which they settled in their own minds and demonstrated to the satisfaction of the medical experts present that death by electricity is instantaneous, painless and absolute.

Mr. Kennelly attended one of the electrocutions at Sing Sing, and gave testimony in the case where the legality and constitutionality of electrocution was tested. He also conducted some experiments upon animals in Thomas A. Edison's laboratory, which resulted in the

adoption of the method of electrocution by the State of New York.

Mr. Kennelly when asked his opinion of the Pittsfield resuscitation said: "There is no question about the evidence that the man who received the shock at Pittsfield was rendered unconscious without pain. It makes clear evidence that the criminals in New York are executed painlessly. There is no evidence on the face of the accident to prove that, if the application had been made more powerfully, more effectively and for a longer period, he would not have been killed.

"Naturally, a person on receiving a shock contracts his muscles and draws away from the wire. The contact is but for a second. The condition is entirely different when the appliance is made more scientifically and with a larger area in contact. In this accident but a fraction of a square inch came in contact with the wire, and normally the skin is a poor conductor of electricity.

"Four thousand, six hundred volts is no criterion, in the same way that the number of pounds per square inch pressure in a boiler before its explosion is no criterion to the amount of damage done to a man standing some distance away. The danger of and injury performed by the electrical current depends on the current and not on the pressure by which the current is applied. In executing a criminal the power employed is about sufficient to operate 10 incandescent lamps, and represnts an expenditure of power in the body of the criminal equal to 10-horse power, whereas the amount of current in this accident case at Pittsfield is not stated, and probably was not measured, and may, in spite of the high pressure of 4600 volts, have been insufficient to light a single lamp, or only 10 per cent. of that used in New York State.

"Consequently, with the duration of the current unknown, and probably short, and with the strength of the current unknown, and probably very small, no comparison can be made of the effects in this accident with those in New York electrocutions.

"In the case I witnessed at Sing Sing the criminal was declared to be dead after stethoscopic examination of the heart and an examination of the eye, five minutes after he entered the death chamber, by concurrent opinion of all the medical examiners present. Both Professor Houston and myself regard the statement made by Dr. d'Arsonval, that the electric current only suspends animation and death was produced in the autopsy, as incorrect.

"In our opinion, the electrical current, when properly administered, is absolutely fatal, and there is no hope of resuscitation. On the contrary, when an accidental shock is received it is quite likely that the patient is only apparently dead, and can be resuscitated by prompt and energetic means. Whether there is hope or not, every means should be tried.

"We think, therefore, that Dr. d'Arsonval is right in his recommendations, but is entirely wrong in his generalizations concerning criminals so executed. Some twenty criminals have been electrocuted so far, and excellent medical skill has always been represented, but none of these State witnesses have ever published theid declaration that a man whom they stated to be dead could be resuscitated."

Book Notes.

AN ILLUSTRATED MONOGRAPH ON KOLA. Part 1. Pharmacognosy (Schlotterbeck). Part 2. Physiological and Therapeutic Actions (Stewart). Part 3. A Clinical Study of Kola (Shoemaker). Part 4. Bibliography. Published under the direction of F. E. Stewart, M. D., Ph. G., Director Scientific Department, F. Stearns & Co. Published by Frederick Stearns & Co., Detroit, Mich., 1894. Price—free to physicians sending for it.

This little monograph on kola is admirably illustrative of the action of this plant, its botany and clinical study. The pamphlet is finely executed as to style, illustrative cuts and neatness. The perusal of it shows much scientific work by the gentlemen editing the various chapters, which gives the reader all the knowledge of the medicinal uses of kola up to the present. We advise our readers to send for a copy, mentioning this journal.

BOOKS AND PAMPHLETS RECEIVED.

REPORT ON TYPHOID FEVER IN THE DISTRICT OF COLUMBIA. Government Printing Office.

TRANSACTIONS OF THE MEDICAL ASSOCIATIONS OF THE STATE OF GEORGIA, 1894.

TRANSACTIONS OF THE MEDICAL SOCIETY OF PENNSYLVANIA, 1894.

INTERSTATE QUARANTINE REGULATIONS OF THE U. S.

Surgery.

Under the charge of T. H. MANLEY, M. D., 115 W. 49th St., New York.

EXCISION OF KNEE-JOINT—FINAL RESULTS IN THIRTEEN CASES.

At the Massachusetts General Hospital, during ten years previous to 1891, ninety-nine excisions of knee were performed. Thirteen of these cases reported in periods varying from four months to six years afterward, averaging three years after the time of operation. The results may be summarized as follows:

Shortening, ½ to 3 inches.
Average shortening, 1 6-7 inches.
Union complete in twelve.
Movement slight in one.
Limp slight in all cases.
Deformity, not stated.

For internal fixation, metal sutures give the best results.

Transverse incision through ligamentum patella is preferred.

For external support, preference is given to plaster of Paris, extending from the toes, and including the pelvis, holding the foot at right angles.

For at least a year or more, the unprotected leg should not be allowed to bear the weight of the body.

It is better to remove the patella, as it serves no useful purpose.

—Charles L. Scudder, in Boston Medical and Surgical Journal, August 2, 1894.

THE OPERATION FOR APPENDICITIS.

Dr. R. T. Morris, in the International Journal of Surgery, gives the following as the technique of the operations for appendicitis.

The first step in this operation is to measure off one and one-half inches at this point, on a line with the external oblique aponeurosis. Before making the incision the skin should be stretched, so as to bring the margins closely together afterwards when we are ready to close the wound. Then make your incision, cutting through the external oblique aponeurosis and then through the internal oblique and transversalis muscles. You then pass a ligature through the internal layer of muscles on each side of your incision, this ligature is held by an assistant and serves a guyline, by means of which these muscles are controlled and closely approximated afterwards. The first thing that comes into the wound here is the cecum, which is readily distinguished by the touch and also by its color, and here you see two longitudinal white lines or bands, which lead to the appendix. In spite of the numerous adhesions I now know with absolute certainty that I hold between my fingers the base of the appendix. I shall now loosen the adhesions, which are very firm. There is considerable venous oozing, which is readily checked by putting the tissues on a stretch. Having freed the appendix I shall now snip it off and bury the stump, so as to obviate the posibility of a mucous fistula or secondary perforation. The stump is inverted, and then two or three Lembert's sutures are inserted, so as to get adhesion between the peritoneal coats. By means of the guyline, the internal oblique and transversalis muscles and peritoneum are now approximated and sutured with catgut.

FRACTURES OF THE LEG.

Jacques Borelius states that permanent extension should be employed in but comparatively few cases when reduction under narcosis has not been successful or where it has been impossible to maintain reduction. The cleansing of the open wound in complicated cases is a matter of great importance. In most cases suture through the bones is not necessary, suture of the cortical portion being sufficient to fix the fracture. In making such a suture care must be had not to dissect the periosteum and soft parts too freely from the ends of the fracture.

—Hygiea, lvi, 6, 578.

ASHES IN THE TREATMENT OF WOUNDS.

Doctor Pashkoff, in Novosti Terapii, emphatically recommends dressing recent wounds of any kind with a thin layer of ashes prepared extempore by incinerating some cotton, stuff or linen. He says dirty-looking wounds should be previously washed out with a boracic lotion. The ashes, with blood, form a protecting scurf under which the lesion

heals very rapidly. Of twenty-eight cases of cuts, crushes, stabs, etc., treated after this method, twenty-six quickly healed without any trace of suppuration.

THE MODERN TREATMENT OF CANCER.

In the accumulation of the numerous statements made in medical journals, the world over, of the efficacy of various modes of treatment employed, the general practitioner, and certainly the general reader, naturally feels grateful when he has presented to him, in tangible shape, a summary or analysis which will clearly indicate to him the very latest methods of treatment of cancer. We freely quote from an esteemed contemporary the following excellent statement as furnishing in a condensed form the most acceptable information now accessible to the profession.

The discussion on malignant growths held in the Section on Surgery and Anatomy of the American Medical Association (Journal of the American Medical Association, June 30, 1894), was noteworthy from the fact that the modern treatments of cancer—i. e., cauterization, excision and inoculation—were fully and ably set forth, with their respective claims to recognition and adoption.

As to cauterization, though its mode of application, its action penetrating beyond the tissue immediately destroyed and destroying the cancer cells of lower vitality, while leaving uninjured the normal tissues, and admirable results following its use, were clearly demonstrated, the general consensus of opinon was decidedly against it as a routine treatment, and with this verdict the great majority of surgeons are fully in accord.

Excision, particularly early excision, in the pre-cancerous stage, if possible, was the method of choice, and it was indicated that when the value of this operation shall be more fully recognized, the ultimate mortality of cancer will be far less appalling than at present.

As for inoculation, this shows thus far merely possibilities. The method however, seems to teach one lesson—i. e., that suppuration in and about the site of malignant growth exerts a distinct antagonistic effect on the extension of such growth; hence it would seem perfectly logical in such operations to encourage suppuration.—College and Clinical Record.

A PROFESSIONAL DISGRACE.

Not satisfied with the "sad lesson taught by experience" with the Bourgeon craze, Pasteur humbug, Listerism rage, Koch fiasco, Haffkin deception, animal extract swindles, et al., the medical press have now seized upon another novelty, viz., the antitoxine treatment of diphtheria. The same injudicious haste, the same cravings for therapeutic sensation, are manifested here, as with all the foregoing; yet a little calm reflection should convince anyone possessed of a modicum of pathological and physiological knowledge that the claims advanced are not based upon any scientific grounds, and that, having served the purpose of the faddist and of self-advertisers, this "specific" will speedily retire to "where the woodbine twineth," to keep company with other disgraces of the sort, and to add to the constantly swelling list of theories that during the last decade have tended so greatly to cast odium upon the medical profession. Indeed, the latter part of the nineteenth century, so far as medical science is concerned, seems bound to go down to posterity with the record blacker than that which pertains to the superstitition of the Middle Ages, and with none of the palliation that mitigates the latter.

—Medical Age.

EXOPHTHALMIC GOITRE.

Before the Canadian Medical Association Doctor Haldimand gave the clinical history of a case, the symptoms of which were solely exophthalmos and goitre of six weeks' standing. Tachycardia was lacking, which would seem to be peculiar, since it is agreed it should be ever present; neither were there other circulatory symptoms, such as throbbing of the carotids or flushing of the face. Nothing in the family or personal history of the patient (who was a barber twenty-seven years of age) could account for the disease; with the exception of a few attacks of gonorrhea, he had never been ill. Auscultation revealed a slight systolic murmur, and the pulse was found to be somewhat irritable. The treatment employed was eight minims of tincture belladonna three times daily, under which the goitre rapidly diminished.

—Canadian Practitioner.

Medicine.

Under the charge of E. W. Bing, M. D., Chester, Pa.

ON TRANSMISSIBILITY OF CANCER FROM MAN TO ANIMALS.

M. Boinet, after a long series of experiments on the transmissibility of carcinoma from man to animals, states that after having made repeated inoculations on the rat, the rabbit and the guinea-pig, he concludes that histologic examination of the lesions which resulted does not authorize him to pronounce in favor of such transmission.

—Semaine Medicale, November 3.

FORMALIN AS A PRESERVING AND HARDENING FLUID FOR HISTOLOGICAL PURPOSES.

(G. Bergonzoli, Bull. Scientifico, 1849, No. 1, p. 18.) Formaline or formal, in solution concentrated to forty per cent. of formaldehyde, is a limpid liquid, slightly opalescent, neutral or slightly acid, of a characteristic pungent odor. The antiseptic properties of formaldehyde have been studied by Leow (1886), Aronson, Berlioz and Trillat. The author has found from his observation that solutions of formaline are deodorant and disinfectant; that pieces of tissue immersed in it are rapidly fixed and hardened, and only shrink to an almost imperceptible degree. The color is perfectly preserved, only the coloring matter of the blood being dissolved. For nervous tissue it is excellent. Formaline has the advantage over alcohol that it is not inflammable and is much cheaper.

—Rev. Internat. de Biolog. Med.

THE HYPNOTIC EFFECTS OF CHLORALOSE—(CHINELEWSKY.

The author experimented on 17 insane persons and three persons suffering from insomnia due to overwork. The doses varied between 30, 50 and 60 grams; in one case 75 cgms. was given. In one case of acute mania the drug had no effect.

In all the others the effects were very satisfactory, the patients getting sleep within 40 minutes after taking the dose, and the sleep lasting from 4 to 10 hours. In some cases, after sleeping quietly for some hours, the persons have been taken with general convulsions, which have, however, not last long. As a general thing, chloralose may be preferred to other hypnotics. It has the advantage of not affecting the nervous system or the heart, pulmonary or intestinal system.

—Bull. de Therap.

TREATMENT OF URTICARIA.

Like other recurrent affections, the treatment requires to be directed to the casual indications and the constitutional symptoms.

When provoked by an external cause, as food, drink or clothing, these causes must be removed, and constitutional means employed, of which quinine, ergot, belladonna are the most successful. The diathesis is to be treated by a rigid dietary, and where rheumatic or dyspeptic conditions are present, they must be removed. For sleeplessness sulphonal, chloralose, the bromides, etc.

In all cases chloral and antipyrine should be tried. When of bronchial origin, ethereal inhalations are to be given. Locally, baths, lotions, powders, ointments, etc.

—La France Med.

UNVEILING OF THE STATUE TO CLAUDE BERNARD AT LYONS, ON OCTOBER 21, 1894.

Mr. Kelsch made the speech on this occasion, and said in its course, "It is not easy to praise a man whose attainments placed him so high. Although he has been dead some years, his glory is more resplendent than ever, since the immense influence he exerted on science can be estimated better now than during his life.

"From the beginning of knowledge the problem of life has been an incentive to man's curiosity, but of all the sciences physiology has been the last to develop because, aiming at a knowledge and explanation of the manifestations of life, it comprises the most complex of natural phenomena.

"But lately admitted among the sciences, it has in the course of this

century placed its foundations, found its methods, conquered its independence, undergone a complete transformation. From a simple affair of observation, it has become an experimental science, and instead of simply recording and contemplating the acts of life, has forced nature to give up many of her secrets. This has been due in great part to the genius of Cl. Bernard.

"His works have converted physiology from a servant to mistress of the sciences.

"Harvey discovered the circulation; Lavoisier revealed the source of animal heat; Bernard discovered the glycogenic function, and gave us revelations on the vasomotor system, and the secutions and the unity of life phenomena in animals and plants.

"Those memorable researches date within the last 50 years. They surprise us by their originality of conception, patience, sagacity and skill displayed in their execution, and by the horizons they open in physiology and pathology. At their head must be placed the discovery of the glycogenic function of the liver, which was certainly the newest and most fruitful of them all.

"The circulation had been foreseen from antiquity. The glycogenic function was not even suspected. The fact was not only new, but was in opposition to accredited ideas, which attributed to vegetables the sole power of creating starch and sugar.

"Organic creation is life itself; disorganization is incessant death, inseparable from the vital act. Creative synthesis remains silent and hidden while the phenomena of destruction are apparent to the eye. Every manifestation of the living being is united to apparent organic destruction—life is death.

"Physiology did not alone benefit from his discoveries, since pathology has had much light shed on it in consequence of them.

"The theories on fever, hyperemia, inflammation were greatly modified, and his researches became the substratum of pathology, the key to pathologic physiology.

"On many subjects Bernard left the imprint of his inventive genius. His studies on the nervous system, analyses of the digestive secutions, investigations of the temperature of the blood in the different parts of the body, stand as masterpieces of experimental research.

—Extract from Bull. de l'Academie de Medicine, E. W. B.

CASE OF POISONING BY EXALGINE.

The patient took 16 grammes of exalgine in 90 cc. of water. In one hour and a quarter the first symptoms showed themselves. Restlessness, gyratory vertigo, followed by falling. There was no pain and sensibility was not distinct; there were contractions and imminent asphyxia.

An emetic, cathartic, injections of caffeine and galvanization of the phrenic nerve were the means used. A bleeding gave thickened and altered blood. Convulsive crisis, followed by cyanosis supervened, and were combated by injections of caffeine and ether. Anuria lasted for twenty-two hours. The first quantity passed was analogous to urine following poisoning by carbolic acid, containing blood, bile pigment and albumen.

Improvement occurred, but for some hours the patient was slightly delirious and amnesic. Some jaundice persisted for several days, also conjunctival ecchymosis. Weber remarks on the similarity of these symptoms to those of uremia, and points out the fact that the treatment for uremia was successful in this case. Dujardin Beaumitz says that acetanitid gives rise to similar symptoms.

Beclare, at the Hospital-Medical Society, of Paris, showed a case of a woman affected with myxedema, cured by the administration of sheep's thyroids. The patient presented symptoms of exophthalmic goitre, following the use of the thyroid treatment, whence the speaker, concluded that this disease in due to exaggerated secretion of the thyroid gland. She was attacked also with monoplegia and hysterical aphasia, and since she had not previously shown any neuropathic symptoms, one might infer that hysteria is not foreign to the etiology of Baridow's (or Grave's) disease.

—Prog. Medical.

DIPHTHERIA.

Treatment at Hahn's clinic, Berlin: Application of ice collar, hourly gargling or spraying with 4 per cent. solution chlorate of potassium, or 1 to 4000 solution potassium permanganate in cases where fœtor is present. In nasal diphtheria, syringing of nasal cavities with 2 per cent. boracic acid or 1 to 4000 permanganate solution, plugging nostrils if epistaxis occur. Steam in cases of laryngeal obstruction. If urgent dyspnœa, low tracheotomy, removing cannula on fifth or sixth day.

Weibgen, Deut. med. Wochenschrift, July 19,1894.

Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

PROGRESSIVE MYOPIA.

Quite a little has appeared in the journals of ophthalmology of late in relation to the prevention of progressive myopia by giving the fullest correction of the myopia. The success of this plan will depend entirely upon the nature of the case.

* * *

In the opinion of the writer, muscle strain is the foremost cause of progressive myopia. It is well known that exophoria is very common with myopes; but it is not always present. There may be esophoria with myopia, or convergent strabismus.

* * *

In many cases of hypermetropia there is a pseudo-esophoria, which is entirely relieved by the use of strong convex lenses. So in myopia, there is often a pseudo-exophoria, which yields readily to strong concave lenses. But it would only make the matter worse to give the full correction in myopia with esophoria, or to prescribe strong convex lenses for hypermetropes with exophoria.

* * *

The oculist who is up with the times examines every muscle in the eyes of every patient, both for far and near work. Then he prescribes lenses with reference to what he finds. It would not be scientific to make a rule to give fully correcting lenses to all cases of myopia, any more than it would to always put on the strongest lenses possible for hypermetropia, and the weakest possible for myopia. In the light of modern science, that would be like the rival tailors down in Pennsylvania.

* * *

One tailor said he could make a suit of clothes if the customer measured himself. His rival said he could fit a suit if he had the customer's photograph; whereupon the other said he could fit a man if he only had his post office address.

* * *

A great many oculists give no attention whatever to muscle strain. A good many patients go the rounds of oculists of this kind, and opticians, and never get any help, because their chief difficulty is a muscular one. Often the simplest thing will relieve them for all time.

* * *

The writer was not long ago talking with an oculist of repute about these patients with muscle strain, and asked the man what he did for such cases. Said he, "I ask the patient if he intends to have a vacation this summer. If he says he does, I ask him if he thinks of visiting Paris. If he answers in the affirmative, I advise him to go and see Dr. Landolt."

* * *

Doctors need advice sometimes, and it would be a good scheme if this doctor would put himself in touch with modern methods of correcting binocular disturbances. When the writer ventured to suggest this, he was rewarded with an incredulous smile.

J. A. T.

AN OPERATION TO CORRECT ASTIGMATISM.

Dr. W. H. Bates, noting the fact that after operations upon the cornea, astigmatism is produced, makes the suggestion that an operation may be made to correct high degrees of this anomaly of refraction. He makes the following propositions: (1) A corneal incision lengthens the radius of curvature of that corneal meridian which is at right angles to the line of the incision, and does not flatten any other meridian. The astigmatism produced is a regular astigmatism, and is corrected by a convex cylinder at an axis parallel to the line of the incision. (2) The immediate is greater than the ultimate result. (3) The astigmatism produced is permanent in a length of time—at least a month after the cornea has healed. There may be at first 3 D of astigmatism produced. At the end of a month there may be 2 D. At the end of three months the astigmatism may still be 2 D, and this amount will be permanent. (4) The amount of astigmatism is greater the nearer the incision is to the centre of the cornea. As much as 9 D can be produced. (5) Mixed astigmatism occurs: (a) temporarily; (b) with incarceration of the iris. The corneal incision should be made at right angles to the most convex meridian. The amount of correction can be regulated by the number, depth and location of the incisions. The author reports two cases upon which he had operated with the desired result

"Archives of Ophthalmology."

Gynecology.

TREATMENT OF PELVIC ABSCESS.

Vogel writes on the treatment of solitary pelvic abscess by incision through the vagina. A simple puncture suffices when the abscess cavity is already cut off by pathological processes from the peritoneal cavity, as in extra-peritoneal abscess (parametritis), encapsuled intraperitoneal abscess (pyocele retro-uterina), or adhesive pyosalpinx. When the abscess wall, on incision, appears separate from the vagina, so that the cavity may not be safely cut off from the peritoneal cavity, the edges of the sac should be fixed to the vaginal wound by pressure forceps. These instruments may safely be removed in eighteen or twenty-four hours; the sac by that time will be adherent to the vagina. Hemorrhage can be checked by pressure forceps, or if from the interior of the sac, by a gauze tampon. The after-treatment of an opened abscess is of the simplest.

A T-drain and usually a strip of iodoform gauze are passed into the abscess cavity. The gauze is taken out within thirty-six hours; the T-drain is retained for about a fortnight, and only changed when the pus does not freely escape or smells fetid. The cavity is washed out once or twice with Condy's fluid. Great care is taken by Vogel lest the vaginal incision should close too soon. For several weeks, especially when the patient insists on walking about, the fistulous orifice should be dilated with the finger. A spring wire drainage tube, wrapped up in gauze, is an excellent contrivance in the late stage of treatment. It is superior to rubber tubing, as it counteracts the tendency of the wall of the fistulous orifice to contract. Vogel maintains that in making the incision the operator had best trust to his sense of touch. Specula and other instruments passed into the vagina do not always allow him to detect the prominent part of the abscess, whilst they hinder the delicate movements of the hand and increase the risk of wounding neighboring organs.

—Wien. Med. Woch., No. 39, 1894.

MORIBUND WOMEN AT TERM; HOW TO SAVE THE FOETUS.

Audebert reports the case of a woman, aged 33, who was brought into hospital dying from hemorrhage. She had received numerous wounds from a billhook, the left elbow and wrist were almost severed, and the lung was certainly wounded. She was a three-para and pregnant almost at term; the sounds of the fœtal heart were audible, though feeble. Admitted at 3.30 P. M., she at once underwent amputation through the left elbow-joint. At 5 P. M., as she was sinking fast, Audebert thought it right to deliver at once. He gradually got his hand into the uterus, passing the fingers one by one through the os; there was much resistance. The cervix at the time was patulous, but not effaced. The dilatation could not be effected under eight minutes. Whilst an assistant performed version by external manipulation Audebert ruptured the membranes, and brought down the legs; delivery of the breech proved more difficult. The arms slipped up, the cervix caught the body below the axillary level, and it was difficult to bring down the arms. The head was delivered directly afterward. The turning took five minutes, the entire operative delivery 12 minutes. Unfortunately the child was lost, though the heart still beat feebly when it was delivered. The mother died five minutes later. The child was very big. Audebert cannot, after the above experience, prefer forced delivery to Cæsarean section in cases of moribund women where an attempt is made to save the child. He had acted on that preference because, when he read a case of post-mortem Cæsarean section, some obstetricians insisted that as long as the mother was alive forced labor was preferable to section, because it was less dangerous to the mother and as quick or quicker to perform. But Audebert noted that it was presumed the mother was moribund, nor was forced delivery evidently the safer; uterine rupture was quite possible. As to the second argument, it was false. It was based on the theory that the inferior uterine segment was relaxed in a dying subject. He found that, on the contrary, it contracted strongly to the last. Hence delivery took 12 minutes, while Cæsarean section could have been done in five minutes, and the child might have lived. In reply to objections, Audebert stated that the use of the forceps would not have hastened forced delivery; the introduction of its second blade would have been very difficult owing to the contraction of the uterus.

—Nouvelles Arch. d'Obstet. et de Gynec., August 25, 1894.

Miscellany.

THE MARVELOUS KOLA NUT.

NATIVES OF AFRICA CONSIDER IT BENEFICIAL TO THE HUMAN SYSTEM.

Washington, Nov. 19.—The State Department has been calling upon United States consuls in Africa for specific information respecting the marvelous Kola nut, which by its peculiar action upon the muscular system enables the African negroes to make long journeys, bearing enormous loads upder tropical suns and across difficult country without food. Cases authentically reported prove that an old negro may carry a 176-pound bag of coffee four leagues by chewing a single nut slowly. Robert P. Porley, United States consul at Sierra Leone, Africa, has sent in the first report on this subject, treating of the means of growing and preparing the nuts. He says the natives eat the nuts in early morning as a stay against the want of ordinary food, while traveling, and in the evening to induce sleep. Altogether they consider that a general benefit to the human system is derived from the consumption of the Kola, say a single nut morning and evening.—Detroit Free Press.

(Ed. Note.—We are just in receipt of an exhaustive monograph on Kola, issued by the scientific department of Frederick Stearns & Co., Detroit, Mich., which gives full information regarding the wonderful tonic stimulant properties of this drug, and many interesting facts relating to its growth and the important part it plays in the social intercourse between the natives of Africa, where it is indigenous. Messrs. F. Stearns & Co. were the introducers of Kola nuts to the medical and pharmaceutical professions of the United States, being the first to offer the drug for sale in the beginning of the year 1881. They are headquarters for Kola nuts in this country, importing them in the fresh state in immense quantities direct from Africa. Any physician who is desirous of obtaining a sample of the fresh nuts for planting or a copy of the monograph on Kola should address their scientific department).

HERE IS A GOOD THING.

"We have on our table one of the pocket cases now being given as a premium to new subscribers to Dr. Abbott's Alkaloidal Clinic. It is a wonder how so much value can be given for so little money, even as an advertisement. But, then, anyone who buys of the 'Abbott Alkaloidal Company' once is sure to again. The case itself is substantial in every way, and, then, look at the list they offer to select from (see advertisement on another page). It embodies all the principal alkaloidal remedies. They are sending out hundreds of these cases, and we wonder they can supply the demand. Their new $3.00 offer, made in the same advertisement, is just a bigger good thing."

THE OLDEST MAN IN THE WORLD.

A Frenchman, now living in Russia, is said to have attained the immense age of 126 years. From a very interesting account of his life, just published in a Russian journal, it appears that he was born in Paris on April 17, 1768. He has a vivid recollection of the "Terror." He joined Napoleon's army in 1798. He fought in the battles of Austerlitz and Jena, shared in the campaigns of Egypt and Spain, and finally was one of the 400,000 men who followed Napoleon to Moscow.

A BAD PRECEDENT.

An Indian in Madera, Cal., has established a bad precedent by killing a doctor who agreed to cure his wife and did not do so, but who yet collected his fee—took the man's horse—for professional services.

Notes by the Wayside.

BY ERNEST B. SANGREE, A. M., M. D., PHILADELPHIA.

The handling of edged tools has become proverbial as a sign of caution or carefulness, but I am often surprised at the singular carelessness with which people handle deadly drugs. Things that can be seen appeal much more strongly to the average mortal than that which must be apprehended through the reason alone, and this is no doubt the explanation.

* * *

Last year at Atlantic City I was hastily called to see a gentleman who had unintentionally swallowed a five-grain tablet of corrosive sublimate.

He had been carrying in his pocket or pockets two kinds of tablets, similar in shape; one a harmless preparation for indigestion and the other the corrosive sublimate tablets, for what purpose I now forget. Prompt antidotes and emetics saved his life, and it is hardly likely that he will make a similar mistake again.

* * *

A few weeks since a young man consulted me about his throat, and in the course of conversation told me that a friend had suggested his gargling with a mixture of equal parts of whisky and carbolic acid. He was about to do this, but on second thought decided to ask me first whether it would be good for his throat. He afterwards learned that his friend had said whisky and glycerine.

* * *

I wonder whether pokeberry juice would be good to set up a counter inflammation in the eye, in the same way that the jerequity root has been used. Some days since a woman came to my office with a violent inflammation of the entire conjunctiva of one eye. She had ben prounding up pokeberries to make some kind of old-fashioned liniment for her husband's horse, and a drop of the juice shot up in her eye.

* * *

The only additional instance of inflammation from pokeberries that I know of happened some years ago when I was a student at a classical institution. It was a case of inflammatory gorge, so to speak, and was aroused in this manner:

A political discussion between a hot-blooded young Southerner and a very decided Northern student grew so warm and violent that, as Shakespeare says, they exchanged the "lie direct."

Knowing the Southerner's disposition, some mischievous schoolmates fanned his wrath and insisted that nothing could properly assuage his wounded honor but a duel. The challenge was accordingly sent, with all the due proprieties, to the Northern student, who was let into the secret, and who promptly accepted the challenge. Early on a cold, bleak November morn, the two enemies with their seconds met at an isolated spot, distant from the college, and, the preliminaries accomplished, assumed their positions.

The northern student's pistol had no ball in it, but the Southern boy's contained a large ripe pokeberry. At the word both fired, and the student from the South being a good marksman, shot his antagonist with the juicy berry fair on his white shirt front, and make-believe blood scattered about in a most surprising manner. The student who was shot dramatically threw up his arms, uttered a dreadful groan and fell prostrate.

The rest of the young rascals ran to the Southern boy, paralyzed at the awful situation, thrust him into a carriage they had waiting, telling him that he must escape from the State at all hazards, and two of them started with him rapidly south towards the Maryland border, about thirty miles distant. All the way they fed his fears, seeing detectives behind every tree, and hearing pursuers at every rustle of the bushes, until they had the poor fellow nearly wild. When the Maryland border was reached they informed him of the joke, and—well, it's best to draw a veil over the scene that occurred.

Suffice to say, that after his anger had cooled, he was so ashamed that he kept on south, and never appeared again at the college.

Correspondence.

COCAINE POISONING.

A reply to Dr. Mattison's article in November 3 issue.

I have read Dr. Mattison's article relating to coacine poisoning. I find myself in the position of the lawyer who was employed to defend a case. The plaintiff's attorney made a plea of two hours. When he had finished, the other said to the Court, "I shall submit the case as my brother has done, without argument."

Boston, Nov. 26, 1894. JOHN A. TENNEY

The Times and Register.

Vol. XXVIII. No. 23. Philadelphia, December 8, 1894. Whole No. 848.

Original.

MALTINE WITH COCA WINE IN THE TREATMENT OF DISEASES OF THE AIR PASSAGES.

BY T. STEVENSON, M. D., NEW YORK.

Some months ago my attention was called to the new combination, maltine with coca wine, and it occurred to me that a coca wine having also food value and containing a digestive ferment, the diastase of the maltine would be of especial advantage in treating the condition of malnutrition and debility, so common in diseases of the nose, throat and lungs. I determined to give it a careful trial, not only in my private practice, but at the Bloomingdale Clinic.

I have been more than gratified with the result and have been impressed with one fact more than any other, and that is that the patients invariably volunteer the statement that they are "feeling better" soon after they begin to take the preparation. Whatever may be our views in regard to the diagnosis, prognosis and pathology of any given case which is under our care, it is surely always important that we do our best to relieve the unpleasant symptoms of the patient, as that is what he seeks our aid for more than anything else.

I append some brief notes of a few cases which illustrate the good results secured by adding maltine with coca wine to whatever local or constitutional treatment the case appeared to need.

Mrs. B—, aged 35, indigestion and nervous prostration; bronchitis. One ounce maltine with coca wine at meals, and at bed time. The indigestion improved promptly; she began to relish her food, could sleep, and ceased to complain of her nervous symptoms. The result was satisfactory in every respect.

Mr. S—, aged 25, phthisis, chronic malaria and mal-nutrition. He had recently been exposed in a malarial district in the South, and his mental depression was so great that it almost amounted to melancholia. I put him on Warburgh's Tincture for the malaria, and gave him an ounce of maltine with coca wine at each meal and at bed time. The mental depression was very much lessened immediately, and all of the symptoms were promptly relieved. He said he could breathe much better, and it was apparent to an observer that the symptoms of "air hunger" were mitigated. This was undoubtedly due to the peculiar effect of the coca.

Miss H—, aged 16; chlorosis and atrophic nasal catarrh. She was put upon the tincture of iron, also local treatment for the catarrhal condition, and maltine with coca wine, as in the above-mentioned cases. All the symptoms improved at once, and she felt very much relieved.

Miss H—, aged 18; anemia, with relaxed vocal cords. She is a public singer, and had been forced to abandon her occupation. I put her on iron and maltine with coca wine. In a few days the symptoms were all improved, the aphonia was entirely relieved, and she was enabled to return to her professional work. The prompt relief of the aphonia was doubtless due to the coca acting as a tensor to the vocal cords. She is in a very enthusiastic frame of mind over the effects of the treatment, and is

very grateful for the relief afforded.

Mrs. S—, aged 58; phthisis. Was unable to take cod liver oil; was very much reduced in strength, and could not assimilate enough nourishment to sustain the vital powers. At the beginning of the treatment she weighed 95 pounds; after taking maltine with coca wine at each meal and at bed time for four weeks, her weight has increased to 112 pounds. She can now eat and sleep well, and is feeling very comfortable.

No. 2074 Fifth avenue.

THE REMOVAL, BY TREPHINE, OF FLUID AS THE RESULT OF ACUTE CEREBRAL MENINGITIS, WITH REPORT OF A CASE.

BY B. MERRILL RICKETTS, M. D.

Cincinnati, O.

Read before N. Y. S. Medical Association, Mott Memorial Hall, N. Y. City., Oct. 9, 1894.

While the cranial vault has been the seat of many recent and most wonderful surgical exploits, there does not seem to have been any progress made in draining the arachnoid cavity of fluid as the result of any cause. If so, it has not been my good furtune to see any statement whatever as to the results.

Believing that any abnormal quantity or quality of fluid wherever found should be immediately removed, and having for several years advocated such a procedure, I at last, through the courtesy of Dr. B. F. Beebe, had the opportunity of operating for cerebral pressure in a case of acute cerebral meningitis.

Being unable to find any literature upon the subject, makes it necessary for me to confine myself principally to personal experience. However, a few quotations and remarks will, I believe, be apropos: Cerebral meningitis is both primary and secondary, the primary being principally due to trauma, while the secondary follows some local or general infectious disease, such as:

1. Tuberculosis.
2. Scarlet fever.
3. Diphtheria.
4. Typhoid fever.
5. Pneumonia.
6. La Grippe.
7. Measles.
8. Whooping cough.

The amount of exudation bears no constant relation to the severity of the symptoms.

Whether the disease be primary or secondary, I maintain that the fluid should be removed just as soon as pressure symptoms manifest themselves. This, of course, can only be done by means of opening the skull and incising the membranes and allowing free drainage, which can only be accomplished by entering the arachnoid cavity over both parietes and cerebellum to either side of the median line.

The questions here arise as to the continuity of the arachnoid—as to whether or not the arachnoid sac is a closed sac.

No person, perhaps, has done more toward settling this much-mooted question than Dr. F. W. Langdon, of Cincinnati. (Medical Record, August 15, 1891, p. 177.)

I herewith append his conclusions:

First. "The arachnoid membrane is a true shut sac, similar in structure and function to the serous membranes of the other great cavities. Its parietal layer is easily separable from the dura at the vertex in the fetus and young infant, but practically inseparable in this region in the adult. At the base of the skull it is demonstrable as a separate membrane, even in the adult. To assert that the parietal layer of the arachnoid is abesent, because its subepithelial connective issue has fused at the vertex with the dura (connective tissue) is as incorrect as to describe the great omentum as one layer of peritoneum, because its original four layers have become matted and adherent.

Second. The arachnoid cavity communicates freely with the sub-arachnoid space by means of two foramina, situated in the visceral arachnoid, one on either side of the medulla. For these I would propose the name "Lunulate Foramina," from their crescentic or lunulated edges, produced by the attachments of fibrous bands, which cross the openings transversely.

Subsequent observations in two instances confirm the presence of the "lunulate foramen." In one of these the basilar process of the occipital and the sphenoid body were cut away from the base and the dura removed, so as to show the foramina in situ, thus excluding the possibility of their artificial

production during the extraction of the brain."

The arachnoid space therefore in the anterior, middle and posterior fosse may possibly be drained from one common opening. This I hardly think probable, as the channel or channels connecting the various arachnoid chambers are in all probability obliterated by the pressure of the abnormal amount of fluid.

In consequence of their collapse it would be necessary to make an opening into the various fossae.

The ventricles could be emptied by asperation through the cerebri. This could be done as often as is found necessary. I believe that the walls of the ventricles suffer alike with the walls of the arachnoid cavity. However, it is not definitely known as to whether or not they are always associated. The settlement of this question will no doubt have much to do with the course of treatment.

If an abnormal amount of fluid in the arachnoid cavity, as the result of acute cerebral meningitis, is always associated with an abnormal amount of fluid in the ventricles the treatment will be more complicated than when the arachnoid cavity alone is involved. Pressure from any cause, be it solid or fluid matter, will seriously influence the lymphatic system and assimilation of any character.

On July 15 I was called by Dr. Beebe to see a white male child 18 months old convalescing from pertusis. The doctor's first visit was on July 7, although the child had been very much indisposed for two or three days previous. Pulse somewhat rapid, temperature two or three degrees above normal, bowels regular and the urine passed at regular intervals. The pupils were very much contracted, and did not respond to light.

The ordinary remedies for acute cerebral meningitis were given, but the condition rapidly became worse; coma became profound, with inability to take food or move the extremities.

There was at the time of my visit (July 15) retention of urine and small movements from bowels. The respirations were both shallow and rapid, face livid, skin dry, sallow and warm.

There was left facial paresis, indicating that the pressure was the greatest upon the right side; also of the muscles of deglutition, accompanied by a gurgling sound.

Solid or liquid matter of any character had not passed the fauces for twenty hours.

Emaciation was extensive and the discharges from the bowels watery.

In the presence of Drs. B. F. and William Beebe, Edwin and Joseph Ricketts, my students Wallingford and Laughlin, I proceeded to first perforate the right parietal one inch from the median line and as far from the lambdoidal suture. An antero-posterior incision was made two inches in length through the integument and periosteum. These membranes were held with retractors, while the bone was penetrated with a chisel, making an olive-shaped opening.

The dura immediately bulged forth in the opening, thus indicating great pressure from within. This membrane had a dark, congested appearance, and where incised gave off a dark, bloody serous discharge. There was no fluid extradural, nor did any escape or seem to be present sub-dural.

However, the moment the arachnoid cavity was opened a clear, straw-colored fluid escaped in large quantities and continued to flow.

Within five minutes the facial paralysis had disappeared, the left leg was drawn up and the left arm thrown across the chest.

The pupil upon the left became dilated and the general condition of the child improved.

I then hastily made a similar opening upon the left side at the corresponding point, in the same manner, both having been made without an anesthetic, the general sensibility being so benumbed.

Fluid of the same character flowed in a similar manner upon opening the arachnoid cavity.

Fifteen minutes had not intervened from the beginning of the first to the ending of the second operation.

At the end of this time the child cried aloud, could move its extremities to any position, moved its head to either side, the gurgling noise in its throat ceased and milk, water and whisky were swollowed with apparent relish.

Artificial heat was applied and warm drinks given, an exceedingly light prepuce was removed and the glans bared.

A large quantity of urine was voided and the general condition of the child entirely changed for the better. It continued to take a sufficient quantity of food and the pulse became less frequent

and with a better volume.

The respirations became thirty, where they had been as high as fifty per minute.

The body was cleansed with warm water and protected with wool.

The fluid continued to flow from either opening into the arachnoid cavity. Its quality continued the same, while the quantity became diminished.

The scalp and periosterium were drawn together with silk worm gut, leaving a small opening at the lowest point for drainage. A 50 per cent. solution of peroxide of hydrogen was used to irrigate the wound and as much of the cavity as could be reached.

At 2 P. M. patient's condition much improved; temperature 102.

2.30 P. M. temperature began to rise.

4 P. M. temperature 106.

Frequent baths were given.

5 P. M. temperature 104.

7 P. M. temperature 104 3-5.

Pulse feeble.

Whisky subcutaneously; also nitrate strych. gr. 1-40 and nitro-glycerine gr. 1-100. Legs and arms were drawn up at this time, showing sensibility and the power to move extremities.

Evacation of bowels and bladder.

Condition improved very much.

Pulse and respiration improved and less frequent.

10 P. M. child vomited.

Whisky by rectum.

Nitrate strychn. gr. ¼ subcutaneously.

Vomited several times.

Lime water given and vomiting ceased.

Digitalis M. 3 at 6 A. M.

July 10 vomited soon after 9 A. M. A tight and adherent prepuce was removed and urine at once voided to the amount of about 16 ounces.

Temperature fell from 104 to 103¼.

11 A. M. vomited. Temperature 105 2-5.

1 P. M. continued to vomit occasionally.

Twitching left side. This continued until 4.25 P. M., when dissolution took place. Twenty-eight hours after the operation the flow of fluid was not regular, but continued from the time of operation until death ensued.

I think that the operation should be made in these cases as soon as pressure symptoms manifest themselves.

As it is, nearly all of these cases die without an operation.

The question now is: Will any of them be benefited or cured if operated upon during any particular time in the course of the disease?

Society Reports.

THE TWENTIETH ANNUAL SESSION OF THE MISSISSIPPI VALEY MEDICAL ASSOCIATION WAS HELD AT HOT SPRINGS, ARK., NOVEMBER 20, 21, 22, 23.

Continued from last Number.

Thursday morning session—The first paper of this morning's session was that of Dr. Frank P. Norbury, of Jacksonville, Ill., subject "The Mental Symptoms of Cerebral Syphilis, a Clinical Study." The paper was an interesting one but elicited no discussion.

The next paper, "The Surgical Treatment of Injuries of the Head," by Dr. Chas. B. Parker, of Cleveland, O., suggesting the necessity of exploratory incisions, to investigate certain unfavorable symptoms, and citing interesting experiences.

The paper was discussed by Drs. Link, of Indiana; Ricketts, of Cincinnati; Minney, of Topeka, Kan., and Walker, of Detroit.

Dr. Geo. N. Lowe was excused from reading his paper, "Spot Specialism," except by title, on the grounds of just having had his teeth drawn, and consequent difficulty of enunciation.

Dr. B. Merrill Ricketts, of Cincinnati, made a report of cases, (a) "Castration for Hypertrophied Prostate; (b) Removal of Head of Femur for Dislocation into Lesser Sciatic Notch. (c) Trephine for Pressure as a Result of Fluid in Acute Cerebral Meningitis," discussion by Drs. Moyer, Walker, of Detroit; Walker, of Evansville, Ind., and others.

The next paper was read by Dr. William E. Wirt, of Cleveland, O., "Tumor Albus of the Knee Joint." Before proceeding to discussion the paper of Dr. A. H. Meisenbach, of St. Louis, Mo., "Resection of the Knee for Separation of the Lower Epiphysis of the Femur; a

Case of Two Years' Standing in a Patient 13 Years Old," was called for and read as being of the same class as the preceding paper. This was illustrated with charts, drawings and casts. The papers brought out a prolonged and interesting discussion participated in by Drs. Ricketts, Lamphear and Link.

"Colle's Fracture," was the subject of an interesting paper by Dr. J. E. Link, of Terra Haute, Ind. Dr. Link during the reading exemplified his process of operating in the reduction of the fracture and bandaging by performing the actual work on a subject before the convention.

After an animated discussion the convention adjourned until 2.30 P. M.

Thursday afternoon session—Dr. J. H. Kellogg, of Battle Creek Sanitarium, made a brief talk, illustrated by charts, of deformities of women.

Dr. C. R. Holmes, of Cincinnati, read a paper, "Disease of the Accessory Nasal Cavaties," their influence upon the organs of sight. Modern surgical treatment with report of cases. This was the most interesting paper of the afternoon, and was illustrated by a series of charts and a score of parts of skulls showing the frontal sinus, exemplifying the results of diseases in the portions of the head. A number of new ideas were elucidated, which met the approval of the convention.

A practical discussion followed the close of Dr. Holmes' elucidation, participated in by a large number of the physicians in attendance.

"Hydrocele" was the scholarly paper that followed, by Dr. W. C. Weber, of Cleveland, O.

Case of "Traumatic Cataract in Children Treated by Extraction" was an instructive paper, by Dr. James M. Ball, of St. Louis.

Some observations on "Sore Tonsils" was the subject of a most instructive paper by Dr. L. C. Cline, of Indianapolis. This was one of the most important papers presented, inasmuch as it elucidated some new ideas as to the cause and for the cure of the troubles specified.

The experience of the essayist was that in cases where tuberculosis was suspected from the nature of offensive cheese-like globules coughed out when alarming symptoms existed, and quinsy accompanied, the sole cause of the inflammation of the tonsils resulted simply from these deposits, which removed, and the sores destroyed, the trouble ceases. The discussion following brought out confirming expressions.

"Squint, with Special Reference to an Operation," was a highly scientific paper by Dr. Charles Beard, of Chicago, who illustrated the operation by original blackboard drawings.

THE NEATEST CIRCUMCISION.

Dr. Bransford Lewis, of St. Louis, read a paper before the recent meeting of the Mississippi Valley Medical Association, in which he detailed a method of doing that operation for which he claimed many advantages in celerity, ease and exactitude of performance, and rapidity of healing. The operation was done with the assistance of two instruments, presented by the author, a clamp and prepuce-tractor, which enabled the operator to carry out the following steps of procedure:

1. After cleansing the penis and encircling it with a small rubber band, the prepuce is drawn strongly forward, the traction being applied to its inner surface by means of the serrated tractor, mentioned.

2. The glans penis being repressed, the curved, fenestrated clamp is applied.

3. With these as a support and guide, 10 per cent. cocaine solution is injected between the two layers of foreskin, anterior to the clamp—no danger of cocaine poisoning occurring, since both clamp and rubber constrictor lie between it and the general circulation.

4. After effective anesthesia has been secured, six double length (ten inch) catgut sutures are run clear through the clamp-fenestra and the four layers of foreskin.

5. With strong scissors the latter is cut off with one sweep.

6. Tractor and clamp being removed, the double length sutures being divided, and two additional sutures being placed at the dorsal and frenal sites—previously occupied by the tractor.

7. The vessels are secured and sutures tied all around, making a circumcision that is at once symmetrical, precise and admirable, leading to prompt union and a satisfactory result.

This operation does away with inaccuracy, appended cutting of the mucous layer, and slowness or replacing of suturing, etc. Patients read the newspaper while it is being done.

Drawings illustrating the steps of the procedure and of the instruments (made by the A. S. Aloe Co., of St. Louis) were also presented by the author.

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FRANK S. PARSONS, M. D.,

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Address all communications to

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PHILADELPHIA, DECEMBER 8, 1894.

CAUSTICS IN PERIPHERAL CANCER.

In our last issue we took occasion to call the attention of our readers to novel procedures in the technique of operations for cancerous breast, and we took issue with those who advise an extensive incision, the removal of the pectoral muscles and the making of a wide breach of the auxiliary space.

Now we would call attention to the use of caustics as a substitute for the knife in all accessible localities, notably the lower lip, the mammae, the pelvis or the cervix.

Now if the modern hypothesis were tenable, that cancerous infection is strictly a local process and that in the breast the invasion of the lymphatics of the arm-pit was an invariable coincidence, thereby calling for their removal with the diseased organ; then, indeed, to employ caustics or escharotics here locally would avail nothing, as they reach the gland elements only.

But so eminent an authority as Dr. Frederick Treves advises that when we amputate the breast enough has been accomplished when we extract within an ellipsis, the adenomatous structures, and only in exceptional cases touch the axilla. And Dr. Butlin, in his excellent manual of operative surgery, restrict the limits of incision to the breast alone.

Every surgeon and every practitioner of any experience at all well knows that cancer destroys life with about as much certainty as quinine cures malaria.

Our operative measures in all, except few and exceptional instances, are but palliative, which, though they may not lead to a permanent cure, produce what Dr. John Chisue, of Edinburgh, designates very appropriately "mental rest." Sir James Paget, in his search for statistics in the British hospitals, in the question of the effect of operations in prolonging life in cancer, found in a vast aggregation of cases that the average cancer, untreated, killed in two years, while those operated on averaged 26 months, a gain of about 60 days.

By the employment of caustics, in approximate cases, we spare the patients the ordeal of an operation, and their innate dread of the scalpel. Besides, as has been long known, though, but lately revived by Coley, the suppurating sore it leaves is less likely to become the seat of a fresh infection than when a clean-cutting operation is done.

Indeed, with his so-called toxics, which are nothing other than chemical irritants, he endeavors to deliberately provoke the formation of pus, and in this manner ferret out the deep recesses of neoplastic elements.

In their order of efficiency and potency, as escharotics come arsenic, the acid-nitrate of mercury, and chloride of zinc, Judiciously employed, they are in a considerable number of cases of surface cancer of infinite value; not imperiling life, locally destructive, and seldom followed by a noticeable scar.

By blending cocaine with the paste as recommended by Robinson its severe irritation is greatly diminished.

REACTION AGAINST ANTITOXINS

A reaction against the unmeasured claims advanced for the curative effects

of Professor Behring's diphtheria serum is setting in rather seriously. The most significant utterance in this respect was made at a meeting on Wednesday last of the Berlin Medical Society, when Dr. Hansemann, an assistant in Professor Virchow's Pathological Institute, as the mouthpiece of Professor Virchow himself, sharply criticised in detail Professor Behring's serum therapeutics. He denied that the serum immunizes human beings, and declared that no sufficient proof had been produced respecting its curative properties. Furthermore, Dr. Hansemann claimed that the effects of serum treatment, in many cases, were dangerous to health and even to life. The statistics thus far obtainable of the results of the serum treatment he pronounced to be unreliable and often misleading.

The lecture was received with great applause from one part of the audience, and with hisses from the other part.

The extension of the serum treatment to other cities at home and abroad, however, is reported to be going on steadily, and the chemical works at Hoechst, near Frankfort, where the serum is manufactured, have been enlarged this week in order to meet the demands for the serum.

Dr. G. H. F. Nuttall, a young American physician, who is now assistant professor of the Hygienic Institute of Berlin, in view of the fact that his share of the discovery of the serum treatment has not apparently been clearly understood, has made the following statement: He studied in 1887 and 1888 under Professor Fluegge, at Breslau, and at Goettingen, and while pursuing experiments in the laboratory he made certain discoveries which enabled him for the first time to demonstrate that blood possesses bactericidal properties.

BAD EFFECTS OF BOXING.

Drs. Carroll, Williams and G. H. Wilton, of Boston, have been trying a few experiments by the way of studying the effect of blows on the jaw. When Dr. Williams struck himself with moderate force with his fist on the right side of his clenched jaw, a slight dizziness and disagreeable sensation resulted, with a momentary accleration of the pulse. When muscular resistance was offered no effect was produced and there was no alternation of the pulse.

The same blow with a little more violence struck on the side of a relaxed jaw, half way from the point to the angle, produced a decided dizziness and faintness with pain in and around the left ear and disagreeable feelings. The pulse at the wrist had suddenly stopped, then began rapid for a few beats, then slowed to sixty, where it had previously been eighty. Fifteen minutes later the pulse had risen to sixty-eight and the disagreeable sensation passed off.

Mr. O'Connell, the instructor in sparring at the B. A. A., emphasized the importance of keeping the teeth clenched while sparring. He struck himself voluntarily on the jaw, quite violently, with the effect of slowing the pulse 54, producing pain over both ears, which lasted fifteen minutes.

These incomplete experiments give absolute proof of the effect upon the cerebrum to be feared from blows upon the joint or angle of the jaw when so struck, and therefore transmitted to the bones of the cranium. Whether the so-called "knock-out" blow has produced death in the few fatal cases known, the doctors were unable to say.

CHINESE DENTISTRY.

The Chinese dentist makes artificial teeth from the femur of an ox, and inserts them by passing a copper wire through them and fastening to the adjoining teeth.

A FATAL DISEASE AMONG HORSES.

In the vicinity of Cohansey, Salem County, N. J., there is an epidemic of sore throat among the horses, of a diphtheritic nature.

LOOKING FOR DISEASED CATTLE.

In accordance with the rule established by the Philadelphia Board of Health, a number of dairies in Burlington County, N. J., will be inspected quarterly by a competent veterinarian, and all cattle found suffering from tuberculosis will be destroyed.

TAKING THE NECESSARY STEPS.

A Swiss physician says that an average man will in walking make an average of 26,740 steps a day, or 10,000,000 a year. It is presumed that he took proper steps to ascertain his facts.

Surgery.

Under the charge of T. H. MANLEY, M. D., 115 W. 49th St., New York.

REMOVAL OF A DIVERTICULUM FROM THE ESOPHAGUS.

A man 47 years old presented signs of an esophageal pouch, to wit: An immediate return of food when swallowed; the presence of a tumor on the left side of the neck; its augumentation in volume after eating; the escape of gases and aliment through the mouth when it was pressed on. There was no sign of stricture. After some months the interferenée with deglutition became so marked that he was threatened with starvation.

On June 14, 1894, Mr. Buttin operated. Commencing by making a long incision in the direction of the sterno-mastoid, dividing the omo-hyoid muscle and the superior thyroid artery, the diverticulum was easily reached and exsected.

A tube was passed through the wound into the stomach; but the following day the patient removed it himself and took all his food by the mouth.

The fistula in the neck soon closed in and there was no further trouble in deglutition.

Med. and Chir. Trans., LXX., p. 269.

STRANGULATED CRURAL-HERNIA DURING PREGNANCY.

BY DR. GAUDIER, OF LILLE.

Cases of strangulated hernia as an associate factor with pregnancy are very rare. The various works on midwifery make no mention of them. The author says that he can find no other parallel case on record of this accident in the parturient state. Indeed, Berger in his late treatise on surgery declares that the presence of strangulated hernia and pregnancy are incompatible.

Gaudier's patient was 40 years old, entered the emergency service on June 4, 1894, at 2 P. M., with a femoral hernia, which had been down 24 hours. She was advanced in pregnancy, and was expected to be confined in a few days of her 7th child.

All the signs of femoral hernia were present. The tumor was rather large, hard and highly sensitive. Vomiting was almost constant.

She admitted that she had a hernia of small size, which gave her no inconvenience for six years, for which she never wore a truss. On Sunday, June 10, the day before she entered, while lifting a heavy basket, she suddenly felt something give way in the right groin.

From that time on her condition grew steadily worse. Taxis having entirely failed after repeated efforts, it was decided that a kelotomy must be speedily made.

The chief of the obstetrical clinic, on examination of her, said that she was very near confinement, but that labor had not commenced. Here the author minutely details the technique of operation, which varied but little from that generally adopted. He found but little omentum in the sac, though there was an extensive coil of intestine. This was reduced, and a radical operation superadded for the hernia. Five days subsequently she was delivered of a vigorous infant. She left the hospital one month later—July 10—the hernia cured, and her general condition good, though she was advised to wear an abdominal girth until the wound had solidly healed.

—Revue De Chirurgie, Nov. '94.

(Note by the translator.)

If M. Gaudier will examine the "International Clinics for '93," he will then see the cut of a case of strangulated inguinal hernia, in a woman in the eighth month of pregnancy, reported by myself.

She was sent to the hospital for a kelotomy, having been subjected to fruitless taxis by her physician. By placing her, with her shoulders well lowered and the hips raised high, I was enabled to reduce the hernia, which was composed of intestine.

Three weeks later she had a normal labor, and when I last saw her, nearly a year since the time of strangulation, the hernia had not yet come down again, though she constantly wears a truss now.

T. H. M.

ECTOPIC TESTICLE—RETRO-VESICAL.

Charry reports a remarkable case of displaced testicle, revealed in an autopsy on a man 39 years old.

The gland was found atrophied, lying flat against the posterior wall of the bladder. The epididymus, though normal in consistence, was found much reduced in volume, and was closely adherent to a fold of the peritoneum. The vas-deferens was coiled on itself, though entirely permeable, and the vesicula-seminales were so developed that there was little doubt left but the displaced organ, in a limited degree at least, preserved its functions.

Paget has lately described a case of testicular non-descent, later followed by serious symptoms.

The case occurred in a boy of 16 years. The testes had not come down on the right side. One day on making a violent muscular effort it was suddenly forced through the inguinial canal into the scrotum. This occurred on November 15. Vomiting set in, with symptoms of collapse. The testes became enormously enlarged and inflamed.

It was evident that the vessels had become strangulated, and gangrene of the organ was impending.

On November 15 Sir James castrated on the affected side, and recovery was prompt.

—Revue Des Sciences Med., 15 Oct., '94.

RELIEF OF PAINFUL CANCER OF THE TONGUE.

Mordant Baker speaks of the division of the lingual nerve of the tongue in cases of painful cancer, and says that where the extent of induration is considerable, the nerve is difficult to isolate; besides, in many when so divided the relief is not great Therefore, he recommends the extraction of all the teeth on the affected side. This removes a source of constant irritation, and in his hands has been a very satisfactory procedure—easy of accomplishment and satisfactory in results.

—St. Barth. Hosp. Reports.

CHRONIC SHOULDER DISLOCATIONS.

MM. Verneuil and Ricard report two highly interesting cases of persistent relapse of dislocation of the shoulder after reduction. In one there had been nine relapses in ten months.

In each the deltoid was divided and the capsule exposed. Now the loose folds of this were picked up and sutured in plaits, thus gathering in all the lax capsule and fixing the head of the bone firmly in position.

In each the union of the incision was promp, without infection, and good use of the arm followed. After a year there had been no relapse.

Bull. Acad. de Med., 3 Av Avril, 24.

TREATMENT OF RECENT FRACTURES OF THE PATELLA BY ARTHROTOMY AND SUTURE.

By Debraisieux.

The above author recommends that in all cases of fracture of the patella attended with separation an immediate arthrotomy should be performed and the fragments solidly wired. This is particularly desirable in workingmen.

He would only except fat subjects, the diabetic, albuminuric and cachetic. Fourteen cases are reported by him, with good results in all.

In one man who had fractured the patella five months previously, and in which case there were six centimetres of separation, an operation secured solid union with so much restoration of functions that he now could return to his trade with quite perfect use of the former useless limb.

—Amer. Soc. Belg Chir. 15 Jan., '94.

HYSTERECTOMY FOR FIBROUS TUMOR.

Dr. J. W. Long, of Richmond, writes: 1. That in cases of fibrous tumor complicating pregnancy the patient should always be informed of the dangers of pregnancy. 2. Cervical fibroids, whether submucous or interstitial, should always be enucleated if within reach. 3. Subserous fibroids that have small pedicles may be let alone—trusting that they will be pushed aside, and will not take on such rapid growth. 4. Small or medium-sized tumors that show no special disposition to rapid growth may be let alone. 5. Large tumors, especially when multiple or interstitial, demand operative interference. 6. Abortion or induced labor are hardly justifiable (supra). 7. Cesarean section is rarely indicated on account of the high mortality. 8. Myomectomy may be practiced in some instances, when there is only one large tumor and it is situated in the fundus and does not have too broad an attachment to the uterus. 9. When the tumor has a broad attachment, or is situated near the tubes, supra-vaginal hysterectomy is indicated.—Virginia hysterectomy is indicated.

—Virginia Med. Monthly.

Medicine.

Under the charge of E. W. Bing, M. D., Chester, Pa.

TREATMENT OF TOXIC DYSPNEA IN CARDIAC CASES.

There exists in cases of heart disease a form of dyspnea which depends exclusively on derangement of the renal functions, and which may be termed toxic, in the sense that it is produced by the faulty elimination of toxines formed in the organism. The indications for treatment are to prescribe a diet which will exclude as much as possible substances containing toxines; to neutralize intestinal poisons by antiseptics; to encourage diuresis and thus favor elimination. Milk fulfills all these indications.

Milk should be ordered exclusively and given in quantities of three or four quarts a day. The patient should take about half a pint every two hours in small quantities at a time if necessary. When the dyspnea has disappeared a special diet should be ordered. Vegetables, fresh eggs, very little meat, cheese, preserved foods, substances containing large amounts of toxines are prescribed. Milk should be used in addition; every month for a week, the patient should return to the milk diet exclusively.

During the whole treatment benzonaphthol should be used as an intestinal antiseptic. This is preferable to salol, which is apt to irritate the kidneys. Hydrochloric acid may be given occasionally; to act on arterial tension, vinitous or iodide of sodium in small doses; calomel as a purgative, with scammony and jalap is required when indicated.

—Bull. de Therap.

EPITHELIOMA OF SKIN.

Gaveno, of Rome, says that he invariably cures epithelioma of the skin by the application—repeated once, after a week's interval—of

R Fuming nitric acid.....150 grains
Bichloride of mercury.. 60 grains
Paper pulp (Berzelius) qs to form a thin paste.

Large epitheliomas yield in a little time, and healing goes on rapidly.

—Bull. de Therap.

The Progres Medicale issues this month a students' number, which contains a full account of the medical colleges throughout France, with portraits of the faculties and all information bearing on the subjects taught.

MALINGERING.

The simulation of diseases is of old date. David feigned madness, as also did Ulysses and Brutus.

Ambrose Pare recounts the subterfuges of the Paris beggars. The courtiers of Louis XIV feigned fistula like the King, and several were needlessly operated on. With the progress of science and its dissemination simulation has become perfected. Certain malingerers have become very expert, as often seen in military hospitals, and not infrequently in civil hospitals.

At the head of the list of simulated diseases comes the large category of pains—pain in the head, limbs, back, abdomen and everywhere else. Malingerers can generally give a very complete and connected account of their symptoms.

At any consultation one may see individuals come in with face painfully contracted, spine bent, limbs flexed, leaning on a cane and crying out at each step: Diagnosis "sciatica." But since Valleix described the characteristic painful points on nerve tracts many other signs have been discovered. The medical studies of the malingerer have been too rudimentary to permit him to play the part in its entirety. They sometimes are aware that the pain follows exactly the nerve tract.

The old hands know the course of the nerve and situation of Valleix's points frequently better than the students, from the fact that they have so often undergone the examination, but they are not generally acquainted with the other features, as atrophy of the limb, with coldness and violet-tint due to vaso-motor involvement, and loss of sensation. They do not know, either, that the deformity of the trunk, at first temporary, becomes in time permanent.

Skin affections are frequently simulated. In one of the civil hospitals of Paris one patient acquired a universal renown. His skin was dermographic. Having become acquainted with this peculiarity he resolved to take advantage of it among the hospitals. He produced, just before going to the consultation, the eruption desired by means of a few simple instruments. With a pin he produced a rash simulating urticaria; with the blunt end of a pencil he produced maculæ like those of measles. He obtained the patches of "scarlatina" by a special rubbing over the parts of election. Thus prepared, he presented himself with assurance, and was never refused admission. But one day his trick was detected, and he was discharged. He is now making a living by exhibiting himself and his talent.

Among other affections, those of the eyes are frequently simulated. Myopia, astigmatism, blindness, Daltonism, etc. Others pretend to spit blood. Farix is simulated by placing ligatures round the limb and walking quickly. Others blow air under the skin to produce local deformity. The swallowing of small reptiles and vomiting them is a common act. Fever is also imitated.

—Rev. de Therap. Med. Chir.

ANESTHETIC ACTION OF CERTAIN DRUGS ON THE EYE.

Roumel has found that helleborin, courallamarine, strophanthine, adonidine, all produce anesthesia of the eye, as follows:

Helleborin—Two drops of a 1-20 solution, one hour after instillation, produces corneal anesthesia, which reaches its maximum in about six hours and lasts for twenty-four hours. Its inconvenience is the liability to produce conjunctival and pericorneal injection.

Courallamarine—Three drops of solution (1-40) instilled separately, at ten-minute intervals, after forty minutes produce complete corneal anesthemia, lasting for at least six hours. It is liable to the same objections as helleborin.

Strophanthine—One drop of a 1-40 solution at end of half an hour anesthetizes the cornea, lasting about six hours, and adonidine, a solution of 3 or 4 per cent., produces in half an hour complete corneal anesthesia, lasting several hours. The pupil is not dilated nor otherwise affected more than with the other drugs tried by M. Roumel.

* * *

Exalgine is recommended highly for exophthalmic goitre.

* * *

Viau mentions three cases of ocular diphtheria cured by crude petroleum.

—Rec. d'Ophthalmologie.

* * *

Labordes' method has been successfully employed in the resuscitation of a person apparently dead from chloroform.

—La France Med.

* * *

ICHTHYOL IN CATARRH OF THE URETHRA AND BLADDER.

Villetti, of Rome, is satisfied that in these affections ichthyol has a beneficial action. The gonococci perish rapidly and inflammatory phenomena quickly improve. The drug does not cauterize the mucous membrane, and consequently there is no danger of stricture resulting from its use. It also relieves the pain.

The solution is used in the strength of 3 per. cent as injection.

"BEFORE AND AFTER," A PRECIOUS REMEDY.

Testimonial sent to a manufacturer of pharmaceutical specialties.

"Two months since my wife was taken with hoarseness and difficulty in speaking. Since she has taken your medicine she does not speak at all. Be kind enough to send me two bottles as soon as possible."

—Gaz. di Liege.

DIPHTHERIA AND CITRIC ACID.

Dr. H. Laser (Hospitals-Tidende), on account of the destructive influence with citric acid exerts on the micro-organism of diphtheria, has adopted the following treatment in diphtheria: Each hour let the patient gargle with a dilute solution of citric acid, which is prepared by adding a teaspoonful of a 5 to 10 per cent. solution to a glass of water. Besides, have the child suck slices of lemon or drink lemonade, which is prepared by squeezing a lemon into a glass of sweetened water.

"Lancet-Clinic."

Electro-Therapeutics.

Under the Charge of S. H. Monell, M. D., 44 West 46th St., New York.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

REPORT OF FOURTH ANNUAL MEETING.

THIRD SECTION.

Continued.

Report of fourth annual meeting continued, September 27 (fourth section). What was in some respects the most noteworthy discussion of the entire meeting followed the reading of the next paper by Professor Edwin Houston. His subject was "Electrocution" a grim, but practical text for what proved to be an elaborate and extremely interesting experimental discourse.

M. d'Arsonval some time ago achieved more or less notoriety by charging that electrocuted criminals were killed by the autopsy, and not by the electric current. He made the following statement: "The alternating currents of commerce may cause death in either of two ways: (1) By actual lesion or destruction of tissue; and (2) By arrest of respiration, producing asphyxia. In the former class death is actual, and nothing can restore animation; in the latter (including electrocution) death may be, and at first often is, only apparent, recovery still being possible, and even probable, by a timely resort to artificial respiration.

M. d'Arsonval cited a single case—an accident—to sustain his view that restoration to life after apparent death by electric shock is possible. As this case and d'Arsonval's conclusions have been published many times they need not be repeated here.

No one would dispute the mere fact that accidents are not always fatal, but Professor Houston protested warmly against the unwarrantable assumption that therefore electrocution was never fatal, and that the surgeon's knife was an instrument of murder in every case where an autopsy was held on an electrocuted criminal. Professor Houston indorsed the suggestion that a person shocked by accident should be treated as a person drowned, but for d'Arsonval to base his sensational statements upon one case only, and to generalize from it that all scientifically performed electrocutions fail, and that doctors kill by the autopsy, is wholly unwarranted and unjust to the medical profession. In the accident cited it is stated that the current had an E. M. F. or 4500 volts, but a resistance of about 6000 ohms was present and the case is not at all comparable to cases of premeditated electrocution. To test the matter, however, Professor Houston and Mr. Kennelly had made a series of experiments upon dogs in their laboratory in Philadelphia. They called to their aid an expert veterinary surgeon, an eminent oculist (to make ophthalmosocopic tests), a specialist in the examination of the heart and lungs, and several other medical authorities, whose ability to ascertain whether the dogs were alive or dead was as much beyond question as human skill can ever be. Every fact connected with the several experiments was recorded accurately. The street current was used.

September 13, 1894. Dog No. 1. Weight, 31½ pounds. Contacts were made through the feet. Resistance, 20,000 ohms. A current was passed for 50 seconds. The voltage, amperage and every detail of the test were carefully noted. The onset of the current caused an instant state of rigidity without sound. An hour was then devoted to the most skillful attempts at artificial respiration and failed to revive the dog. It was the opinion of all present that death had been instant and painless, and this opinion was formed by men who had carefully noted every circumstance. Dog No. 2 was treated for only 20 seconds with a current of 690 volts and one ampere. The effects upon the eye, circulation, etc., were examined and noted. With dog No. 3 the contacts were made through the forelegs, the previous contacts having been through one fore and one hind leg. In this case the resistance was 31,820 ohms. A current of 700 volts, 1.8 amperes was applied for ten seconds. It caused teta-

nus at once. One minute later it was determined that death was absolute and without evidence of pain.

The fourth dog received a current of 700 volts through the ears. Resistance 1200 ohms, amperage 6. Rigidity and retal evacuations ensued at once. Wagging of the tail occurred for several seconds. Rolling of the eyes and convulsive movements followed. Nine seconds after shock he appeared conscious, but not suffering. Respiration regular. Ten seconds later reflexes returned; moved himself; lay quietly; nine seconds later, tried to stand; wagged his tail; two seconds later sank into stuporous state, but a second later resonded to call. At 10.46 o'clock, 32 seconds after shock, he was given chloroform, as pain seemed present and died an instant later.

In all these cases death was determined by careful examination to be absolute and final, even with the weaker currents applied.

The conclusions deduced were that (1) the passage of a sufficiently strong alternating current causes instant, painless and absolute death; (2) where electrocution is properly carried out the victim cannot be revived, for he is dead; (3) in accidents, owing to imperfect contacts, high resistance and leakage of the current death may be apparent only, and efforts at resuscitation should be made.

Discussion was opened by Dr. Morton, who stated that while he had never personally witnessed an electrocution, declining such invitations on principle, yet he radically disagreed with the author of the paper. He upheld D'Arsonval's theory, and declared that the burden of proof rested on those who claimed that the criminal was killed by the electricity, and not by the knife. He drew a sentimental picture of the awful horror of being killed by an autopsy, and argued the matter as if no precautions whatever were taken by the State to see that the law was legally satisfied. He advocated leaving the body alone until decomposition set in to prove the fact of death, though he did not state how he would avoid the awful possibility that in this case death might result from starvation.

Mr. Kennelly stated that he had been present at an electrocution, and described the extraordinary precautions taken by expert medical scientists to be sure the criminal was dead. Autopsies had not been the cause of death, but had conclusively proved that the current had been fatal.

Dr. Robinson reminded the meeting that a superb committee had fully investigated this subject several years ago and had settled the matter. He had also personally attended an electrocution, and he believed the man was dead. He strongly protested against Dr. Morton's stand, declared that he was threshing over old straw, and that to arouse sentimental feeling against this method was an error.

Dr. Newman took strong issue with Dr. Morton. To throw doubts, he said, on such reports as have been given us by eminent and honorable men was to cater to newspaper sensationalism.

Dr. Newman had never seen an electrocution; had no convictions on the subject, but to settle the matter would move that the association ask to have the autopsies delayed until the criminal was determined to be dead (which has always been done, though D'Arsonval ignores the fact).

Dr. Rockwell deemed Dr. Morton's objections puerile. He had seen twenty animals killed, and several criminals electrocuted. He had no doubts on the subject. He concluded that D'Arsonval was seeking notoriety when he published his single case.

The discussion was closed by Professor Houston, with an earnest display of feeling. Had not his side of the case met all of Dr. Morton's visionary objections? Did not men believe in scientific instruments that cannot lie? Dare the society to throw doubt upon the statements of four experts called in by the State to ascertain if the criminal was dead? Those who had never been present were not qualified witnesses in the case. Those who have been present at electrocutions are convinced not only that scientific electrocution is certain death, but that it is also instantaneous and most humane. He regarded Dr. Morton's argument as a dangerous one to follow. In deaths by lightning stroke every effort had failed to revive. Surely no one would claim that an electric current could not kill. All demand for proof to this effect had long since been satisfied, and the society was not justified in taking the matter up at all. He furthermore declared that if the childish resolution offered was urged he

would promptly move to amend it to officially inquire into the certainty of death by hanging and the guillotine.

The above paper has been reported at unusual length because of the clearness with which one of the ablest electricians in America has shown that the present improved method of inflicting capital punishment by strong electric currents is painless, humane and sure. The subject is one upon which physicians should have correct knowledge, and Professor Houston performed a valuable service in disposing of fallacious theories so completely.

Shortly after the discussion of this paper, and possibly growing out of it, a request appears to have been made to the State prison authorities and the Governor to permit an attempt to resuscitate an electrocuted criminal. It was reported that permission could not be given until it was determined who had jurisdiction and legal authority to give it. The law is an act of the Legislature, and explicit in its terms, and reads:

"The punishment of death must in every case be inflicted by causing to pass through the body of the convict a current of electricity of sufficient intensity to cause death, and the application of such current must be continued until such convict is dead."

Further than this Superintendent Lathrop had nothing to say, but some officers of his and other State departments are of the opinion that the subsequent autopsy, concerning which the law reads: "Immediately after the execution a post-mortem examination of the body of the convict shall be made by the physicians present," is part and parcel of the execution, and that the murderer cannot be legally pronounced dead or executed till after the autopsy.

If this be so, and the cutting up process of an autopsy is a part of the execution, there can be no doubt of the final death of the culprit. He will be dead legally and actually.

Also, if the law be thus interpreted no one but the Legislature, which enacted the law, can step in and allow any attempt at resuscitation between the two parts of the execution, the passing through of the electric current and the autopsy.

The subject of possible resuscitation, however, should not confuse any physician. Accidental injuries are very different from carefully completed executions.

A man may have his throat cut in a brawl and live, but an official headsman's complete decapitation does not carry with it an equal chance of life. In electrocution the contacts are perfect, the resistance reduced to a minimum, the centres of life are attacked and the application is continued till the convict is dead. In cases of accident the conditions are entirely changed, and if, for instance, the contacts are through the two hands (usually dry) a high resistance does much to protect the man till he is rescued.

If called to such a case a physician should at once attempt restoration. We take pleasure in repeating the following account of complete success following such an attempt:

To the Editor of Electrical Review:

We are in receipt of your favor inclosing the inclosed clipping. In regard to this matter we would say that on October 22 our Mr. J. E. Cutler received a shock from a wire carrying 4500 volts. This pressure is used in our testing department for experimental purposes, and through an accident Mr. Cutler took hold of the two terminals carrying this pressure. He was immediately completely prostrated, and to all intents and purposes was dead, but was revived by the method advocated recently in electrical and other journals by D'Arsonval, of Paris—that is, he was treated exactly as a drowning man would be, and a few minutes of this treatment finally brought him to. He was, of course, prostrated for a time by this accident, but the next day was again attending to his duties as far as his hands would allow him. His hands were quite severely burned by this shock, and it will probably be some time before he obtains complete use of them. There is no doubt in our minds but that Mr. Cutler would not have survived this accident had he not been promptly attended to, and this experience should be of value to those who are liable to come in contact with wires carrying high pressures.

Yours truly,
HENRY HINES,

Stanley Electric Manufacturing Company.
November 2, 1894.

We will now close this paper with three extracts, only remarking that D'Arsonval never witnessed an electrocution.

ACCIDENT VERSUS EXECUTION.

"I found nothing, after the most careful examination, in the lungs, heart or head to explain the cause of death."

—D'Arsonval, Paris, November 19.

"In the last legal execution, at Sing Sing, all the arteries of the brain were apparently ruptured, the heart entirely empty and the lungs nearly so. Under such circumstances life must be absolutely non-existent a moment after the first shock."

—C. C. C., M. D., a State witness, New York, November 20.

"The words of the law are so clear and explicit that electricity must be so applied and continued as to deprive the convict of life, that there is no necessity of any comment upon the language used."

—Attorney General Hancock to Governor Flower, November 21, 1894.

(To be continued.)

Miscellany.

THE OBSTETRICAL SOCIETY OF CINCINNATI.

This society will hold a series of meetings for the discussion of the uterine reflexes, to which the medical profession is cordially invited, the first, second and third Thursday evenings in December. A number of local specialists outside of the society have consented to read papers, which will follow each other as nearly as possible in the order named, and are as follows:

"Changes in the Cord from Reflex Irritation," B. K. Rachford, M. D.

"Pathological Condition Produced by the Menstrual Wave," A. W. Johnstone, M. D.

"Neurasthenia Cordis," J. T. Whittaker, M. D.

"Hysterical Manifestations of the Chylo-Poetic System," F. Forcheimer, M. D.

"Hysterical Manifestations of the Muscles and Joints," P. S. Conner, M. D.

"Hysterical Manifestations of the Cord," Joseph Eichberg, M. D.

"Hysterical Manifestations of the Brain," A. B. Richardson, M. D., Columbus.

"Hystero-Epilepsy," Thad. A. Reamy, M. D.

"The Influence of Ovarian Disease on Insanity," C. A. L. Reed, M. D.

"Reflexes of Male Pelvis," Joseph Ransohoff, M. D.

"Reflexes from the Testicle," N. P. Dandridge, M. D.

"Eye Reflexes," S. C. Ayres, M. D.

"Ear Reflexes," C. R. Holmes, M. D.

"Larynx Reflexes," A. B. Thrasher, M. D.

"Nasal Reflexes," T. V. Fitzpatrick, M. D.

THOS. P. WHITE, M. D., President.

E. S. M'KEE, M. D. Secretary.

CAT ELECTRICITY.

The London Lancet says, apropos of the recent cat show:

"The electrical effect produced by rubbing a cat's back is, of course, well known; it is also well known that this is frictional electricity, or, perhaps more correctly, the electricity of contact—that it is a surface effect produced by the rubbing, that it does not point to pre-existing electricity stored in the body of the animal and that the person who, having concluded a message, sinks into a chair declaring that his exhaustion is consequent on the loss of 'the living galvanism' which he has imparted to the patient is a charlatan.

"It is to be remembered that friction between any dissimilar substances always produces electricity, and in illustration of this the electrical effect sometimes produced in a dry atmosphere when the hair is combed on the body quickly divested of a flannel jersey may be instanced, or the classic experiment of rubbing a stick of sealing wax on a rabbit's fur may be called to mind. Those who are accustomed to rely on the curative effect of stroking a cat's back may find consolation in the last-named experiment, inasmuch as it teaches them that when their 'feline favorite' is no more health and strength may still be secured by gentle friction on its skin.

"Apart, however, from questions of electro-physiology it is instructive to learn that the presence of white in the color of a cat, unless the animal be whole-colored, is a sign of weakness.

A WONDERFUL LIGHT.

The idea of an electric light which, fed by a current from a dynamo actuated by a 40-horse power engine, and giving 7000-candle power, can have its illuminating power intensified 35,000 times, is not easy to grasp. It means the pro-

jection of a stream of light of about 250,000,000-candle power, and it is no wonder that the announcement that such a light is about to be used in this country has been received with some incredulity in Europe. Yet this is the efficiency of the light which will be shortly erected at Fire Island for the illumination of the adjacent coast and the protection of the fleet of ships entering New York harbor. A remote suggestion of the power of this lamp may be arrived at by bearing in mind that an ordinary oil lamp is about 38 or 40-candle power, and then trying to imagine the combined beam of 3,000,000 lamps. The ordinary electric street light may be put down at 100-candle power, and 250,000 of these would about represent the strength of the Fire Island light.

The most powerful oil lamp yet made is supposed to shine out on a clear night for a distance of 35 or 40 miles, but the new light will flash its welcome rays to the incoming European "liners" when they are 120 miles away. The light revolves rapidly, and throws out its beams with the intensity of speed of lightning. The motive power which actuates it is a simple clockwork arrangement contained in a box two feet square, and although the revolving portion of the light weighs 15 tons, the mechanism controlling it is so delicate that the pressure of two fingers will turn it. The value of this marvelous lamp can only be determined by practical working, but it promises to represent an immense stride in the science of coast lighthouse illumination.

ANTITOXIN FOLLOWING SCARLET FEVER.

Dr. W. S. Gleason, of Newburgh, N. Y., in an article entitled "The Use of Antitoxin in Diphtheria following Scarlet Fever," published in the "Medical Record" of November 10, 1894, states:

At this time, when, as a profession, we are awaiting with interest the effect of the use of antitoxin upon the human subjects, I feel that the following results should not go unrecorded:

On the morning of October 5th I was called to see John ———, aged eight, a robust boy, son of vigorous parents. I found upon examination well-marked evidences of scarlet fever; temperature, 104 degrees F.; pulse, 140; upon my evening call, temperature, 105 degrees F.; pulse, 144. The temperature, unless reduced by antipyretics, ranged between 104 degrees and 105 degrees F., with but slight variation between the morning and evening observation.

On the second day of the disease a fibrinous exudate made its appearance on both tonsils and pharynx, with intense tonsillar enlargement, and in spite of thorough pharyngeal disinfection there was great difficulty in swallowing. Gradually the appearance of the exudate changed, and upon the seventh day from the time of my first call I felt that I had a true diphtheria engrafted upon the scarlatina angina. Starr brings out the fact in his "American Text-Book of Diseases of Children." As we have not the means to make cultures in our city, I was not able to verify the presence of the Klebs-Loeffler bacillus. The temperature, if unrestricted, remained at 104 3-5 degrees F.; pulse, 150; glands of the neck enlarged, and an excoriating nasal discharge was present.

At three o'clock in the afternoon of October 12th I made my first injection of Aronson's serum, using twenty minims, followed by a second injection of forty minims in six hours. With close observation I could not appreciate the least reaction as an immediate result of the injection. Twenty-four hours from the last injection the temperature dropped to 99 degrees F., with a corresponding amelioration of the symptoms. There was an evening rise of temperature to 103 degrees F., but from that time, October 12th, to this date, October 23d, the patient has steadily convalesced, with no decided fluctuation of pulse or temperature. I combated the scarlatinal conditions with carbolized inunctions to the body, lime-water and peroxide of hydrogen sprays for throat, and a judicious use of quinine and phenacetine as antipyretics. The diphtheritic manifestations were met with the same spray for throat, and bichloride irrigations, 1 to 1000, for both throat and nares. Internally, full doses of mercuric bichloride. For forty-eight hours preceding the use of the serum the heart flagged and required careful stimulation. The fact that within twenty-four hours after the use of the serum such a remarkable change took place proved to me conclusively that the absorption of septic material ceased at once, and produced a reaction not found in such intense conditions.

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Original.

PLEURISY.

BY E. S. M'KEE, M. D., CINCINNATI.

The etiology and pathology of pleurisy is carefully studied by Prince Ferdinand Ludwig (1). The number of cases was 23; the exudates were serous in nine cases, in which there was one death; sero-purulent in one case; purulent in twelve cases, with five deaths; sanguino purulent in one case. Of the nine cases of serous exudate, two were caused by pneumococci, two by staphylococcus and five were free from bacteria. Of these latter, however, four were tuberculous. The sero-purulent exudate contained a diplococcus. Of the twelve cases of empyema, two were caused by diplococci, five by streptococci (two deaths), two by tubercle bacilli (both died), two by diplococci and streptococci (one death), one by staphylococci and streptococci. Spontaneous absorption of exudate took place in five cases; aspiration alone was sufficient in three cases. Resection of the rib was practiced in ten cases with a mortality of 20 per cent. The prognosis of the cases is good with the meta-pneumonic primary staphylococci exudate, the primary stretococci and bloody empyema in order named. He concludes the greater number of serous exudates are from bacteria. The greater number of those free from bacteria are tuberculous. Some serous exuding bacteria. The greater number of empyemas are caused by streptococcus dates remain so in spite of pus-produc-pyogenes, but the other bacteria may also be the causative factors. The infection of the lung tissue follows a lesion of the lung tissue in most cases. An exudate of toxic or mechanical nature must be recognized.

In contradistinction to the idea advanced by Prinz Ferdinand that the exudate in streptococcus pleurisies inevitably becomes purulent, Goldscherder (2) reports three such cases where the exudate remained sero-fibrinous throughout the course of the disease, being purulent at no time.

The etiology of pleurisy was bacteriologically studied by Jakowski (3) in 52 cases. He concludes pleurisy to be of bacteriological origin, although the bacteria may not be found in the exudation. He considers the majority of primary, non-tubercular pleurisies are due to the diplococcus of Fraenkel. The most frequent cause aside from these is the streptococcus pyogenes. Serous effusions containing the latter are much more likely to become purulent than those which contain only the diplococcus. The most favorable prognosis is to be given in cases which contain only the Fraenkel diplococcus.

The etiology of exudative pleurisy has been carefully studied by Prudden (4). In his 21 cases of sero-fibrinous pleuritis the exudate revealed bacteria in only two, and in these two cases, which were associated with acute lobar pneumonia, the pneumococcus was the only germ found.

A case of chylous pleurisy is reported by Turney (5). At the necropsy the abdomen was found to contain about five ounces of milky fluid, and the right pleura two pints. In the left pleura there was a pint of turbid serum with

some fat held in suspension. The thoracic duct was dilated in its whole extent, and it was blocked at its outlet by thrombosis of the internal jugular and subclavian veins limited to that spot. The liver appeared normal. The general glandular enlargement was due to infiltrations with carcinomatous deposit, secondary to scirrhus of the pylorus. The inner surface of the stomach was also covered with secondary nodules. Dr. Turney suggests that the thromboid around the opening of the thoracic duct was due to the lodgment there of a cancerous embolus. In support of this theory he adduces the general disintegration of the growth through the lymphatic system and the difficulty of otherwise explaining the thrombosis.

Parapneumonic pleurisy is described by Lemoine (6). He has observed seven cases of pneumonia complicated by pleurisy, both diseases developing simultaneously. The author thus distinguishes from the pleurisies which develop at the decline or during the convalescence of pneumonia.

The parapneumonic pleurisy begins generally with the pneumonia, or at least follows its appearance very closely. In most cases the effusion is discovered on the second or third day of the illness. The effusion develops rapidly, and may disappear as quickly. It is exceptional to see a parapneumonic serous effusion become purulent. In the very rare cases where it does so, it is not due to pneumococci, but to the ordinary micro-organisms of suppuration, streptococci or staphylococci. This is then the great distinguishing point: in parapneumonic pleurisies the effusion in the first is always serous, and in the second is nearly always purulent.

Loculated pleuritic effusion, which is reported by Hood, is clinically important. It demonstrates a cause not usually recognized of the so-called dry-tapping in pleurisy; the entry of the aspirating needle into a dense septum between loculi. The pleural cavity was occupied by numerous loculi separated from one another by dense fibrous bands, some at least half an inch thick. In the first three punctures the needle had plunged into the dense fibrous septa which divided the loculi. The fourth alone reached fluid, but unfortunately only reached one of the smaller cavities. The anatomical condition of the left chest explained completely the conflicting physical symptoms which had been noted before death, and which might have been accounted for by a new growth or a consolidation of the lung; in fact, many who examined the patient's chest considered the presence of fluid contraindicated.

Diaphragmatic pleurisy is quite common in the lighter grades, where it may be mistaken for pleurodynia or a tender point of neuralgia. Both sides are affected alike frequently. The determining cause, as in all pleurises, is a microbic infection. The exudate may be purulent or subfibrinous. The pleurisy may be primary or secondary. The former arises from cold, traumatism, excessive labor. The secondary form occurs after influenza, typhoid, articular rheumatism, heart disease, Bright's disease, or may extend from a costo-parietal pleurisy, mediastinal lesion, pulmonary tuberculosis, pneumonias hepatic abscesses, hydatid cysts, biliary calculus, peri hepatitis, cirrhosis, perisplenitis, abscesses and tumors of the kidney and peritonitis. In women pelvic peritonitis is a frequent cause. A very constant and characteristic sign is the so-called diaphragmatic button, a tender spot two fingers' length from the linea alba at the level of the tenth rib. It can be found even when there is no spontaneous pain. There is also tenderness along the attachment of the diaphragm and another very tender spot on this line near the spinal column, as well as along the course of the phrenic nerve. The physical signs are depression of the tenth rib, enlargement of that side of the chest at the same level, decrease of vocal fremitis and absence of respiratory murmur. Other symptoms are those of other pleurisy.

Pleuritic Eclampsia, a rare and interesting case, is reported by Talamon7. In the case reported there had been no suppuration, and the epileptic attack was produced spontaneously without any artificial irritation of the peura. The author thinks it reasonable to suppose that the phenomena were due to the sudden entrance into the blood of a toxic substance, which acts upon the brain, and probably the bulb, as a convulsive poison. In this particular case the poison would be the toxic of pneumonia. For the production of convulsions we must suppose one of two conditions, either a special susceptibility of the subject or the entrance into the cir-

culation of an abnormal quantity of poison.

Sudden death in plurisy, the amount of fluid being very moderate, is reported by Leseuer (8). On the eighth day the effusion occupied two-thirds of the pleural cavity. After that it began to diminish, and on the twelfth day respiration sounds could be heard all over the affected side. Getting up without permission, she was seized with severe pains, and a feeling of suffocation. Her lips were found blue and pulse thready. She died in less than four hours. No disease of the heart or lungs could be detected. Leseuer suggests the cause of death in arrest of the heart by means of reflex irritation, caused by intercostal neuritis acting on the inhibitory cardiac apparatus. Another case is reported by Thomson (9), in which the effusion was considerable, and in which the reporter believes the heart under such circumstances was unable to longer successfully combat the increased peripheral resistance offered by the diminished lung area, and thus succumbed.

The preventive treatment of pleuritic exudation is described by Volloud (10). It is to stringently impose absolute rest in the recumbent posture on the slightest indication of the formation of pleuritic fluid. If there is a small quantity of fluid the exudation has a natural tendency to alter its position if the patient is allowed to raise himself in bed; this causes a gradual but certain compression of the lung in a new locality. While the fluid is changing its position, a negative pressure is exerted on the portion of the lung which has been contiguous. As expansion of the lung cannot at once fill the space produced, blood and lymph exude, thereby increasing the quantity of effusion. Secondly, the resultant fatigue produces more labored respiration, which also reacts unfavorably on the affected lung. The author keeps his patient in the recumbent position eight days, after the temperature has become normal.

Early aspiration is highly recommended by Didima (11). When percussion shows the presence of fluid, even if the amount does not show an estimated half pint, aspiration is performed. A repetition of the operation is scarcely ever needed. Convalescence is rapid, unattended by great prostration and recovery is complete.

A case of pleurisy complicating labor is reported by Gunn (12). Delivery by the long forceps was necessary. He ascribed the inability of natural labor delivery to the pleuritic fluid preventing uterine contractions or rendering their propulsive efforts useless.

(Ref. 1893 unless otherwise written.)

(1). Deutsches Arch. fuer Klinische Med. Vol. L., 1892; University Med. Mag., April 90, Feb.: 147, April: 5 May: 26 April, 1.

(2). Zeitschrift fuer Clinische Med. XXI, 1892.

(3). 99, Aug. 10; 996, Mar. 10; Gazeta Lekarskan II, 12, 1892; 90 June 13; Mar. 15.

(4). N. Y. Med. Journal, June 24; Epitome of Med. Aug.

(5). Lancet, May 20: Epitome of Med., Aug.

(6). 3, Jan. 13; 151 April.

(7). 121 June; La Medicine Moderne, No. 27.

(8). L'Anne Medicale de Caen; Lancet Feb. 25; 1 Mar. II.

(9). Lancet June 24.

(10). 2 Aug. 19; Therapeutic Monatshefte, July.

(11). Jour. Am. Med. Association, Dec. 24, 1892; Epitome of Med., Mar., 1893.

(12). Lancet.

THE REAL VALUE OF THE MEDICINAL PEROXIDE OF HYDROGEN PREPARATIONS FOUND IN THE MARKET.

BY H. ENDEMANN, PH. D., CHEMIST.

Formerly with the Health Department of New York City.

My attention having repeatedly been called to several reports and analyses made by different chemists and published by some medical journals, I concluded to examine all the brands of peroxide of hydrogen which I could find on the market, in order to ascertain the real value of each when intended to be used as an antiseptic remedy, both internally and externally.

The reports on the subject which have come to my knowledge are quite contradictory, and my object is to impart to the medical profession the results of my experiments, which have been made on fourteen fresh samples, purchased by me in duplicate, directly from the manufacturers or their selling agents.

These brands have been tested for the

volume of available oxygen, the amount of residue, the degree of acidity, and the amount of soluble baryta salts contained therein, as per following table:

BRANDS.	Volume of Available Oxygen, determined by means of a solution containing 5.665 Grammes of Permanganate of Potash per liter of distilled water.	Residue obtained from 100 C. C. of Peroxide of Hydrogen dried at 120 degrees C.	Acidity expressed in Cubic centimeters of Normal Volumetric Soda Solution for 100 C. C. of Peroxide.	Baryta found in Soluble Baryta Salts contained in 100 C. C. of Peroxide
No. 1. John Bene's Peroxide of Hydrogen Medicinal	10.50	0.1886	2.19	None
No. 2. Hydrozone	27.35	0.2180	3.11	None
No. 3. Larkin & Scheffer's Peroxide of Hydrogen Medicinal	9.65	0.1206	6.75	None
No. 4. Mallinckrodt's Peroxide of Hydrogen Medicinal	9.55	0.1408	1 43	None
No. 5. Marchand's Peroxide of Hydrogen Medicinal	16.55	0.564	1.29	None
No. 6. McKesson & Robbins' Peroxide of Hydrogen Medicinal	10.95	0.0540	0.44	None
No. 7. Merck & Co.'s Peroxide of Hydrogen Medicinal	6.50	0.2418	4.57	None
No. 8. Oakland Chemical Co.'s Peroxide of Hydrogen Medicinal	10.50	0.0382	0.34	0.0017
No. 9. Peuchot's Peroxide of Hydrogen Medicinal	10.60	0.4674	1.77	0.0018
No. 10. Powers & Weightman's Peroxide of Hydrogen Medicinal	8.40	0.0830	2.03	None
No. 11. Pyrozone, 3 per cent	11.20	0.0534	0.76	None
No. 12 Rosengarten & Sons' Peroxide of Hydrogen Medicinal	5.10	0.1002	0.25	None
No. 13. Smith, Kline & French Co.'s Peroxide of Hydrogen Medicinal	6.15	0.0880	2.6	None
No. 14. E. R. Squibb's Peroxide of Hydrogen Medicinal	12.40	1.004	12.04	None

By referring to this table it is easily understood that sample No. 2, "hydrozone," is far superior to any other brand which has ever been made, not only on account of its containing a much larger amount of available oxygen, but also owing to the presence of a small quantity of several essential oils, the respective nature of which could not be determined, very likely because they have been submitted to the oxidizing action of peroxide of hydrogen before being used to make "hydrozone."

I attribute to this small quantity of essential oils the great superiority of hydrozone over any other brands of H2 O2 as a healing agent.

When hydrozone is diluted with distilled water, in the proportion of half and half, the resulting mixture contains about 13.5 volumes of available oxygen, and its bactericide power still remains the same as the bactericide power of sample No. 5, which contains 16.55 volumes of available oxygen.

Sample No. 14 comes next to sample No. 5, but it is readily seen that the degree of acidity is entirely too large for a preparation which is to be applied to the most sensitive diseased mucous membranes.

Sample No. 11, called "Pyrozone" which contains 11.20 volumes of available oxygen, is quite similar to sample No. 6, with the exception that the latter contains a small quantity of salicylic acid. Very likely the salicylic acid has for its object to increase the bactericide power, but, unfortunately, I fear that it impairs the keeping properties of this preparation.

Acidity.—The 14 brands which I have

examined contain free acids (phosphoric, sulphuric, muriatic); and I must say that peroxide of hydrogen medicinal should never be made neutral before using, even in the most delicate cases. Neutral peroxide of hydrogen rapidly decomposes under all conditions of exposure.

The keeping properties of H2 O2 solutions vary a great deal with the degree of purity and the percentage of free acids contained therein.

If the proportion of acid is too large, the profession well know that it acts as an irritant upon diseased surfaces. If it is too small, the solution don't keep well.

My opinion is, that a standard solution of medicinal H2 O2 must answer the following tests:

1. It should contain at least 15 volumes of available oxygen.

2. The quantity of free acids contained in 100 cubic centimetres should require not less than 1 c. c. and not more than 3 c. c. of normal volumetric soda solution, to be made neutral. Such a small quantity of free acid is not objectionable.

3. It should not contain any soluble baryta salts.

4. It must be free from sediment.

It is to be noticed that the brands No. 7 and No. 12 are valueless.

The brands No. 8 and No. 9 are not fit for medicinal uses, owing to the fact that they contain traces of soluble baryta salts.

The brand No. 3 has a heavy sediment of sulphate of baryta, which may be considered inert towards the system, but it is certainly detrimental to the keeping qualities of this preparation.

Brand No. 14, which is sold as a ten volume solution, is really twelve volumes, but it is too acid. Brand No. 5, which is sold as a fifteen volume solution, is really 16.55 volumes, viz.: About ten per cent. above the standard.

The brand No. 2, which is sold without any mention of volume, is really a 27.35 volume solution, viz.: Ninety per cent. above the standard.

None of the other brands come up to the standard, but on the contrary they run from 35 to 55 per cent. below.

—25 William street, New York City.

The cost of drugs and medicines
Are having such a fall,
Cut prices will bring sicknesses
Within the reach of all.

—Judge.

REMOVAL OF THE HEAD OF THE FEMUR FROM THE LESSER SCIATIC NOTCH.

BY B. MERRILL RICKETTS, PH. B., M. D., CINCINNATI.

Joseph C., aet. 41, was injured about October 1, 1893. He was white, American, 6 feet 1 inch tall, weighing 230 pounds. While making some excavation he was covered with dirt. It was found upon examination that the head of the femur was injured, fractured in some way or other, and that it was necessary to place him upon his back and treat it accordingly. The toe was everted, the heel elevated, the pain severe. At the end of several weeks the patient was pronounced well and left the hospital with an inch and a half shortening and slight eversion. There was ankylosis at the hip joint, the pain was severe: he several times attempted to return to his duty, that of superintendent, and as many times was compelled to give it up on account of the severe pain and discomfort. He visited another city, and while there the ankylosis at the knee joint, as the result of long-continued confinement in bed, was broken up. On July 14, 1894, I was consulted with reference to a condition seldom met with, aside from the pain in the hip joint.

Upon climbing stairs or walking very rapidly he would have a slight tickling sensation in the calf of the injured left leg, followed by an erection of the penis and the ejaculation of seminal fluid. This had become very annoying and humiliating. Upon examination I decided that there had not only been a fracture but a dislocation of the head, probably backward and downward, and that it was this dislocated head which was producing the unpleasant trouble. I therefore advised an exploratory incision to determine the state of affairs existing in and about the hip joint, not however, until I had made him thoroughly acquainted with all the risks attending such a procedure and the shortening that would ensue if the head of the femur was removed. However, I deemed it proper and wise to have consultation, especially from a legal point of view, there being a suit for damages already pending in the courts. In consequence thereof, I asked Drs. J. L. Cillet and W. E. Lewis to assist me in a more thorough

examination. Each of them believed that some abnormal condition existed, and agreed with me that an exploratory incision was necessary. The head could not be found, and it was in doubt on their part as to whether or not anything more than a fracture had taken place.

As a result of our conference on August 2, in their presence, the patient being under the influence of chloroform, I made a Langenbeck incision down upon the great trochanter, my object being to do whatever was found necessary. The bone upon being reached was divested of all the muscular attachments. It was found that there was a great amount of bony tissue thrown out during the process of repair—a very large mass indeed—in and about the acetabulum. Upon reaching the lower border of this mass of new bony formation I found a most peculiar state of affairs. I found the head of the femur resting on the lesser sciatic notch, and that it was small and somewhat absorbed. Its position, therefore, accounted for the irritation of the nerves supplying the genito-urinary organs. I soon found that it was impossible to remove this head without making a counter incision, which would have complicated matters to a very serious degree, especially as the hip was fleshy and enormous in size. I endeavored to prevent shortening of the leg any more than already existed, but it being impossible to dislodge the head in the lesser sciatic notch, I found it necessary to saw off that portion of the bone above the remaining head, remove it and make a new acetabulum which would admit of the reduction of the head. After dividing the femur between the new mass of bone and the remaining head with the Wyeth saw I soon discovered what had taken place at the time of the original accident.

The head had been dislocated backward and downward, leaving a portion in the acetabulum. After the remaining head, attached to the neck, had been dislocated backward and downward, the neck was fractured, the shaft run up one and one-half inches above its original point, leaving the disarticulated head in its new position to become attached, which it had done, to the shaft itself, the trochanter therefore being a little above its normal position. This allowed the inner portion of the shaft, from which the disarticulated head had been detached, to become adherent to that portion lying in the acetabulum. This therefore accounted for the great mass of new bony tissue, which was about three and one-half inches long and at least two to two and one-half inches wide. It also accounted for the peculiar position of the foot, the eversion of the toe and elevation of the heel; in fact, accounted for all the conditions found. A drainage tube was inserted, the wound closed with silkworm gut and dressed without even the ligation or tortion of an artery. However, slight hemorrhage continued, in spite of the external portion of the wound being packed. The patient was placed in bed, the leg drawn down and kept in position. The pain was quite severe and the hemorrhage continued for twenty-four hours, when I opened the wound to investigate its source.

I found the oozing was from the bone, which had been chiseled away to the end of the femur. The amount of denuded bone surface was extensive, and therefore accounted for the continuous flow of blood. I packed the surfaces firmly, hoping it would prevent further hemorrhage. At the end of thirty-six hours another examination was made and it was found that the hemorrhage was somewhat less. At the end of forty-eight hours another examination was made and the hemorrhage was still diminished. It was not until the end of seventy-two hours that blood ceased to flow from the denunded bone surfaces, thus showing that I should have used the cautery at the time of the operation to prevent this outflow. I would here suggest and most earnestly advise the use of the cautery in all resections where new bone is involved or where the amount of denuded bone surface is extensive, or even whether extensive or not if blood oozes from the surfaces at the time of the operation. The patient has made a good recovery, although tedious, and like all such cases has been a great care, he being a large, heavy man and having suffered considerably.

At no time has he had any kind of support for his leg, other than pillows and blankets, There is about four and one-half inches shortening, with ankylosis at the hip joint. He has good knee motion, and will ere long be able to assume the responsibilities of his former

occupation. I report this case to show how little is known what of takes place within a mass of muscular and adipose tissue. It has been said that all operations upon the abdomen are exploratory, and it might be well said that diagnoses cannot be made in cases of fracture or dislocation without an exploration. I mean positive diagnoses. The question, therefore, arises, What is our duty to ourselves as well as to our patients in these complicated fractures and dislocations, where doubt exists as to their character? Especially may this question be asked where the results are not what might have been expected.

DIVERSITIES OF THE URINE.

Many articles of food, besides drugs and diseases, influence the normal characteristics of the urine. By some of these it is changed in odor and color. Various drugs and diseases alter the proportion of its ingredients, while quite a number of drugs pass through it practically unchanged.

Asparagus, cauliflower, rhubard, saffron and garlic, and cubebs, copaiba and sandalwood endow it with their respective odors. Sugar (as in diabetes) gives it a chloroformlike smell, sometimes an odor like cider. Turpentine and phosphorus recall the fragrance of violets; sulphide of calcium, a savor of stale eggs. Excess of phosphates suggest the flavor of chicken or mutton broth; excess of urea renders it conspicuously "urinous;" the presence of cystine evolves an odor at first resembling sweet brier, later on like sulphur; in diseases of the bladder and spinal cord, in advanced typhus fever and in the second stage of exudations, it is ammoniacal, and in acute rheumatism it is acidulous.

Gallic and carbolic acids, and tar, creosote, resorcin and iodine darken it. Logwood, madder and beets, and the presence of urœrythein (as in fevers) redden it; rhubarb, senna and other agents containing chrysophanic acid change it to orange-color, and gold and gamboge make it golden-yellow. Indigo lends it a bluish tint; sulphur, a grass-green. Bile and santonin render it greenish-brown; excess of chyle, milky-white. In hemorrhage from the kidneys it is coffee-colored or of smoky hue, when acid; florid red, when alkaline; also florid-red when the blood comes from the bladder, prostate or urethra, and after undue administration of phosphate or cantharides, after large doses of lavender, digitalis, tannin and alcohol, and in insipid diabetes, granular kidney, hysteria and most neuroses it is almost colorless.

The normal urea and phosphates of urine are increased by a meat diet; by the administration of phosphorus, ammonia, tartar emetic and arsenic; and in diabetes and many acute fevers. A vegetable diet and fasting, uremia and cachexia diseases, diminishes them. Urea and uric acid are both increased by salted foods, salts of soda and potash and ammonia; and in gout, rheumatism, erysipelas and heart disease, and they are diminished by tea and coffee, by conchona, arsenic and lead, and in chronic gout, excessive debility, cholera, anasarea, low typhoid, nephritis, hysteria and atrophy of the liver. Phosphates are increased by a meat diet, and by administration of phosphorus; in acute fevers, enlarged prostate, vesical catarrh and diseases of the bones; and diminished in cardiac, venal and chronic cerebral diseases, and in severe dyspepsia.

Chloride of sodium is increased by a salt diet and exhaustive work; and in diabetes, insipidus and dropsy with duireses, and diminished by insufficient salt, and in acute fevers, febrile albumenuria and some skin diseases. In pneumonia, scarlet fever, acute rheumatism, jaundice and atrophy of the liver, it is often temporarily absent.

Oxalate of lime is increased by beer; by rhubarb, tomatoes and other vegetables, and in prolonged lactation, spinal disease, hypochondriasis and chronic dyspepsia.

Hippuric acid is increased by vegetable diet and milk, by greengages, whortleberries and other fruits; by administration of benzoic acid and in diabetes, leucemia and some febrile conditions. It is diminished by animal food.

Kreatinine is increased by vegetable diet and in pneumonia and phthisis; and diminished in kidney diseases and inanition.

Lystine is increased in scrofula and chlorisis.

Indican is increased by animal food, and in cholera, chlorisis, cancer of the

stomach and liver, obstructions of the small intestines, spinal meningitis and disease of the supra-renal capsules. It is derived from the albumen of the food and tissues.

Sulphates are increased by meat diet, by administration of liquor potassia and Epsom salts and Glauber salts, in rheumatic fever and some skin diseases, and in chorea and other nervous diseases involving violent muscular movements.

Digitalis, corrosive sublimate, nitric acid, colchicum, copper, arsenic and bichromate of potash in extreme doses cause suppression of urine.

Excess of alcohol produces uric acid, cylindrical casts and leucocytes in the urine; excess of beer diminishes them. Chlorate of potash, quinine, cantharides and lead produce albumen; cheese makes urine acid; potatoes and sugar make it alkaline. Normal urine presents a transient white foam, when shaken. In the presence of sugar or albumen this foam is slow to depart, and when biliary or blood coloring matter (uroerythrin) are present, it is tinged with yellow.

Quinine, borax, carbolic acid, arsenic, chloroform, iodide and chlorides of ammonium, potassium and sodium, bismuth, glycerine, zinc, mercury, hypo-sulphites, and most of the potash salts pass out through the urine unchanged.

LOUIS LEWIS, M. D.
2011 Arch street, Philadelphia.

MEMORY SITS ON THE RIGHT.

The memory remains intact and in perfect working order in cases where the left side of the brain is badly diseased or even if portions of it have been removed. From this the natural inference is that the right side of the brain is the seat of that most remarkable faculty. Lieutenant Brady, who lost a portion of the right side of the brain from a gunshot wound while in Assam, where two-thirds of the officials are negroes, suffered a remarkable lapse of memory. After he had fully recovered he knew and could call by name all his white associates, but the negroes, whom he formerly knew as well as the whites, were perfect strangers to him.

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OUR PLANS FOR 1895.

So far as at present matured, our plans for the next volume of the "Times and Register" will give our subscribers an extra value for the money expended.

We shall add four more reading pages to the present number, making twenty each week, in place of sixteen. The type will be materially enlarged to the size usually employed in such magazines as the Cosmopolitan, which will make the journal much more readable to the older members of the profession.

Several minor changes will be made in the style of the journal and the make-up of the departments. The editorial staff will remain unchanged, except for the addition of Dr. Henry Burchard, on subjects pertaining to philosophy.

Beginning with the first number in January, or soon after, and continuing until finished, an important original article will be published on the subject of phthisis pulmonalis, by the editor, Dr. F. S. Parsons. This article will consider many new points in the etiology of tuberculosis; will show the probably true value to be placed on the tubercle bacillus, as a symptom only; will determine on what the etiology of this class of diseases must depend; will indicate important early symptoms, before bacilli appear; and consider practical treatment.

Articles are now in preparation on several useful drugs and therapeutic agents which will also be of value.

The department of electro-therapeutics will contain further valuable original work by the able editor of this department, Dr. Monell.

The department of surgery will continue to be ladened with practical and useful discussions of surgical affections taken from foreign and home exchanges, besides many timely criticisms and suggestions by its eminent editor, Dr. Manley.

The department of medicine will be supported in a like manner mostly from the latest French exchanges, translated by its editor, Dr. Bing.

Dr. Tenney is intending to contribute to the department of ophthalmology some valuable material for the general practitioner, culled from the recent Edingburgh meeting, which he attended.

The department of therapeutics will, as usual, contain able contributions by Dr. Lewis, and the other members of the staff have promised to contribute from time to time, as has been their custom in the past.

Not the least among our departments will be the addition of a section on philosophy, under the charge of Dr. Henry Burchard. This will occupy space at least once a month, and contain some very interesting reading.

We shall strive from time to time to insert short articles of travel as occasion presents.

In view of the above prospectus the publishers of the "Times and Register" feel confident that for one dollar a year no physician will feel that he can do without this journal for 1895. The low price of this weekly will enable every physician in the country to "afford" it, and, on account of the rapidity with which the subscription list is enlarging, the publishers would appreciate the favor greatly if our subscribers, whose subscriptions expire on January 1 would renew at once and save unnecessary confusion, which will occur if the subscriptions are allowed to run out before renewal is made.

The publishers also invite the attention to their advertisement of the several other journals with which the "Times and Register" combines. Much money can be saved subscribers who desire to take more than one journal.

THE PARASITIC ORIGIN OF CANCEROUS DISEASE.

Again we return to the subject of malignant disease; and it may be worth while, for a moment, to turn our attention to the present status of the etiology of cancer from a biological standpoint and the proofs of its parasitic origin; for, once that we are able to definitely fix its mode of attack, we will be the better prepared to radically deal with it.

It is true that the great discovery of Koch of the tuberculosis germ has in no way modified our treatment; though it may possibly have aided in prophylaxis. But, not so with diphtheria, for, if we are to believe the latest reports from the most authentic sources, the discovery by Loeffler has been swiftly followed by a remedy for scourge, as harmless to the patient as it is prompt and radical in its effects.

But, alas for cancer! We must admit that status-praesans, is in no way in advance of where it was centuries since.

The microscope has enabled us to follow the cellular metamorphoses, and the more definitely to fix the true character of hyperplastic changes; but at this line we must stop.

The latest has been a parasitic theory. Various alleged discoveries were made in this direction by Sandekevich, Albarean, Sinotchenko, Fox, Cuttle and others. Karotenkoff has at length described his rhapolacephelus; others, various types of coccidoa, so that, for a time, it seemed that at last the horizon had been cleared, and the way was now open for a rational therapy.

But the later and most minute studies of many of our most eminent observers in experimental and scientific research have proven beyond doubt that those spores and protozoa, so commonly found in the nuclei of cancer, are but adventitious elements aften met with in various types of inflammatory effections, which involve the epithelium; that they are not specific nor characteristic, and hence possess no definite relation with malignant disease.

The problem is yet unsolved. In the meantime, while the labors of our investigators go on we must treat each case on its special merits.

If we cannot always permanently arrest the ravages of this cruel malady, anesthetics and antiseptics have enabled us to afford the suffering a truce by such surgical procedures as will not endanger life, and often so change the current of the disease that it may fix itself on some internal organ and painlessly end life.

OUR TRIP TO HOT SPRINGS.

BY J. R. CLAUSEN, A. M., M. D.

At 8.15 o'clock Sunday evening, November 18, amid many hand-shakings and farewells, and a few hearty cheers, the big special train pulled out of the depot, at St. Louis, bound for Hot Springs, Arkansas. About 300 physicians, many accompanied by their wives, filled the comfortable seats of the Pullman coaches, all delegates to the twentieth annual meeting of the Mississippi Valley Medical Association, held at Hot Springs, November 20, 21, 22, 23.

We had left Philadelphia several days before, and reaching St. Louis on the evening of the 17th, had a good opportunity to study the personnel of the delegates arriving by every incoming train. Here we met Dr. Ricketts, the eminent surgeon, of Cincinnati, O. Dr. Love, the talented editor of the St. Louis "Medical Mirror" whose wife and child accompanied him on the trip. Dr. S. C. Martin, Jr., business editor of the "Medical Era," St. Louis, and C. W. Fassett, business manager of the St. Joseph "Herald," in company with his talented and beautiful wife. Those, however, who attended the convention at Hot Springs, Va., and who had met her little ladyship, were much disappointed that little Brownie did not accompany her parents.

After an hour or more spent in the effort of getting better acquainted with each other, the thoughts of the travelers turned to tired nature's "sweet restorer," and the regular preliminaries over, which embraced the usual contention as to who should occupy upper berths, all were enjoying that repose which is supposed to be the outcome of a clear conscience, though ever and anon a resonant snore proclaimed the fact that some consciences were in a more or less congested condition.

By 9 o'clock next morning, Monday, November 19, Little Rock, the capital and largest city of Arkansas, was reached. A committee of citizens were in waiting to receive us, and the now thoroughly hungry excursionists were conducted to the hotel, where they quickly disposed of a most inviting breakfast.

After breakfast carriages were provided, and all the principal points of interest about the city visited. Too much cannot be said in praise of Little Rock. Its streets are wide, beautiful and well kept, its business structures imposing, its citizens courteous, energetic and progressive.

After a morning spent in sight-seeing the delegates were again driven to the hotel, where a magnificent collation awaited them. After dinner Dr. J. W. Love, ex-president of the association, in a graceful speech, thanked the citizens of the town, through their committee, for their most courteous reception.

Again we were conveyed to the depot, and at 2.15 P. M. we steamed out of Little Rock en route for the springs.

At Malvern the train was met by a committee of citizens and physicians from Hot Springs, who proceeded to divide up the delegates, who, under their escort, were to be conducted to the different hotels. In this work they were ably assisted by Colonel H. C. Townsend, the talented passenger agent of the Iron Mountain Railroad Company, who accompanied the excursionists to Hot Springs and remained there during the entire session. It was largely through his efforts that the meeting was so well attended, he having provided greatly reduced transportation for the delegates. He did much to make himself popular with the excursionists, and his uniform courtesy and gallantry will long be remembered by them.

Talking of gallantry leads us to say a word as to its display by one handsome fellow-delegate, Dr. Martin. The ladies were the objects of his special attention—perhaps we should say devotion—and we greatly fear he has left some heart burnings among the pretty girls at Little Rock and Hot Springs.

When Hot Springs was reached we found that every provision had been made for the comfort and entertainment of the delegates. Some were quartered at the Arlington, the largest and handsomest hotel in the place, and others at the equally popular Park. On the evening of the 21st a ball was given at the Arlington, and was a largely attended and most brilliant affair. On the 22d a banquet was given the delegates at the Park Hotel, covers being laid for 400 guests. Dr. I. N. Love, ex-president of the Association, acted as toastmaster, and filled the role in a most capable manner. The first speaker introduced was Dr. Scott, presi-

dent of the Association, whose magnificent beard of amber hue secured for him the introduction of "the man who wears his golden hair down his front." Though the writer retired from the board early in the night, he is credibly informed that the stars had paled in the light of dawn before the last tardy guests left, or, perhaps, were assisted from the table.

The proceedings of the Association in detail have already appeared in the columns of this journal. Many able and interesting papers were read and discussed, and many thoughts were advanced that will long engage the attention of the medical fraternity.

ELIMINATIONS.

Since the professional world has been so far carried away with the modern studies of biological science, and led into the mysterious labyrinths of bacterial investigation, we have neglected very much of the practical side of the healing art for the more seductive but less useful field of scientific research.

Everything has been left at the door of the germ, as though this living atom were the sole etiological factor in disease; with the consequence that, though our knowledge of the processes which attend disease are broader, yet on lines of treatment it certainly is an open question whether any real progress has been made.

An old doctrine, which yet survives, is that under various influences the organs of elimination were not up to the demands of the economy, and in consequence there might be danger of autotoxemia; therefore, in order to preserve the balance, in metabolic processes, we must apply such a therapy as will stimulate the excretory glands to act and rid the system of such deleterious elements as may be stored up through pathological or functional conditions.

Purging, emesis, diaphoresis, etc., with even a timely phlebotomy may often save life when certain so-called symptom-remedies accomplish no benefit whatever.

Let more attention, then, be given to elimination as a factor in the treatment of every type, for it constitutes the foundation stone in a vast number of cases.

If our patient has a sore which will not heal, let us first see to it that he has no malarial poisoning, syphilis or scurvy, that his liver, kidneys and other emunctories are doing their work.

It is well enough to maintain nutrition, but to everlastingly cry "nourishment! nourishment!" while the lethal elements of disease are gathering in increasing numbers is one of those mistakes, based on an improper knowledge of disordered health, and is as stupid as it is vicious and irrational.

OURSELVES, AS OTHERS SEE US.

The following item appeared recently in the "Journalist," an excellent New York periodical, which may be of interest to our subscribers and others.

"Dr. Frank S. Parsons, of Philadeldelphia, editor and manager of the "Times and Register"—a very bright medical weekly—has introduced a new and pleasant departure into that branch of professional journalism. He gives in each issue some well written article on travel, science or philosophy, and thus adds to his journal a semi-magazine flavor. It has been well received by the profession, who seem to have long wanted a little variety in their regular reading."

Chronic enlargement of the tonsils will be benefited by painting every other day with a mixture of one-third compound tincture of iodine to two-thirds glycerine.

* * *

A mixture of ten parts of chloroform, fifteen of ether, and one of menthol, used as a spray, is recommended as an excellent and prompt means of obtaining local anesthesia lasting for about five minutes.

* * *

It is authoritatively stated that a very efficacious application for barber's itch is an ointment containing three per cent. of pure sulphuret of potassium.

* * *

A vibrating helmet for the cure of nervous headaches has been devised by a French physician. It is constructed of strips of steel, put in vibration by a small electro-motor, which makes 600 turns a minute. The sensation, which is described as not unpleasant, produces drowsiness; the patient falls asleep under its influence and awakes to find that the pain has ceased.

Surgery.

Under the charge of T. H. MANLEY, M. D., 115 W. 49th St., New York.

THE OPERATIVE TREATMENT OF GASTRIC ULCER.

A case is reported by Dr. Kuester, successfully operated upon for profuse and frequent hemorrhages from a gastric ulcer in a young woman 21 years of age. Upon opening the stomach a large ulcer was seen with undermined edges on the posterior wall near the pylorus and a cherry stone was removed from its bottom. It was adherent to the pancreas. No attempt was made to cut out the ulcer or break down the adhesions. Its base and edges were burnt with the thermocautery. The pyloric orifice could not be found, so gastro-jejunostomy (2½ inches wide) was chosen in preference to a pyloroplasty. The coaptation was done with sutures. Pyloroplasty is a much less grave operation and should be selected when its execution is practicable in simple occlusion or narrowing of the pyloric orifice. The practice of burning gastric ulcers has its immediate and remote dangers in the sloughing of the eschar and the cicatricial tissue formed. Excision is more surgical.

—Centrabl. f. Chir., No. 30, 1894.

OPERATION FOR FISTULA IN ANO.

Dr. James Swain, after having successfully tried Trevenard's method of treating fistula in ano, recommends it very highly.

The operation is done as follows: After complete anesthesia a sound is forced into or through the fistulous tract, according as to whether the fistula is complete or incomplete, and all the tissues are layer by layer dissected through until the indurated tissue of the fistula is laid bare; then with a strong pair of forceps this tract, together with the sound, is grasped at the upper end of the canal and dissected out. Secondary burrows are next sought for and dissected out in their turn. The wound is now closed by interrupted catgut sutures, which must extend beyond the bottom of the wound, so as to approximate the deeper structures. Dr. Swain even advises the method in the most complicated and also in tubercular cases. He claims the advantages are:

1. Less risk of secondary infection of the wound from the rectal secretions.
2. Shorter time required for cure.
3. The functional integrity of the sphincter is absolutely maintained.

—British Medico-Chirurg. Journal, Dec., 1893.

OBLITERATION OF THE SUPERIOR VENA CAVA.

According to the Paris correspondent of the Lancet (Med. Record), Dr. Merlin has published the details of a case of plugging of the superior vena cava —a very rare phenomenon; but what constitutes a still greater rarity, is the recovery of Dr. Merlin's patient, who has since (a space of four years) remained well. His patient was a man aged 34, who, after an effort, was affected with a swelling of the face, which, spreading to the whole head, rendered it of an enormous size. The cheeks were puffed out, edematous, the eyes bulging out of the orbits, the lips (especially the lower) double the normal volume, the tongue swollen so that the mouth could hardly contain it, and articulation was difficult. The edema of the neck was great, the circumference having increased from 39 to 56 centimeters. The jugular veins were dilated and the establishment of collateral circulation was apparent from the presence of varicosities at the base of the neck. The edema was marked as low down as the base of the thorax, and the patient had attacks of dyspnea. The voice was cavernous, cough was frequent and deafness was complete. The upper extremities were much less swollen than the face or trunk. Below the umbilicus there was no edema. The patient denied having had syphilis. He was nevertheless ordered one drachm of potassium per diem, with the result that considerable improvement began as early as the second day. The improvement continued progressively, and he was discharged in a month cured. As above mentioned the recovery has been since (for four years) maintained.

Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

SUPPOSED DISEASE OF THE CILIARY GANGLION.

S. Johnson Taylor, M. B., reports a case in the Ophthalmic Review of supposed acute disease of the lenticular ganglion, following orbital cellulitis.

The globe was congested, the pupil dilated, the vision somewhat impaired, and the ocular tension considerably increased. There was pain around the eye, and proptosis. All of these symptoms, except the last, would seem to indicate glaucoma; but the opthalmoscope did not reveal that disease.

The patient, a lady, was 49 years old, and had myopia of 16 D. in both eyes, rendering an examination of the accumulation of little use. There was no history to point to a gummatous tumor; but mercury and potassium iodide were prescribed.

In a year the pupils responded feebly to light. The doctor excluded a nuclar affection of the third by the history, rapid onset, associated symptoms and progress of the affection.

J. A. T.

CILIARY SPASM.

M. Desbrieves, in the Gazette des Hop. de Toulouse, cites a case of artificial myopia of 6 D. The patient was a man 26 years old. The spasm took place after a severe paroxysm of pain lasting about fifteen minutes, in the course of an attack of migvaine. The installation of a solution of atropine proved the patient to be emmetropic; and after the attack had gone by, no spectacles were needed.

J. A. T.

QUININE AMAUROSIS.

Dr. J. H. Claiborne reports in the American Journal of Ophthalmology a case of almost total blindness caused by overdoses of quinine.

The patient had not been feeling well for some time, and for a week he had taken fifteen or twenty grains of quinine a day, which gave him some relief. He had been sleeping badly, so one night he determined to have a good night's rest, and took nearly a handful of quinine pills. He remembered nothing after that for several days. When he came to consciousness he found he was perfectly blind.

When Dr. Claiborne saw him, eight days after he took the pills, he had no light perception in either eye, but complained that he saw many colored figures that changed their hue, red being the prevailing color. The optic discs were pearl white.

He ultimately recovered enough vision to see objects at a distance dimly by diffused or reflected light. He could not see them at all when strong light shone directly upon them. Deafness went with the amaurosis at first, but this entirely disappeared.

The writer saw a case of this kind in Philadelphia in Professor Thomson's clinic, in 1881, when quinine amaurosis was almost unknown to the profession generally. A young man took fifteen grains of quinine for malaria. The next morning he was perfectly blind in the right eye. Vision never came back. There were no appearances of hemorrhages or any other intraocular disease, except a perfectly pallid optic disc, and contracted retinal vessels.

Dr. H. C. Wood has since reported a case of temporary blindness following a dose of 12 grains of quinine, and Dr. E. T. Sabal, of Jacksonville, Fla., saw a young lady who had temporary blindness after taking 20 grains of quinine sulphate.

The symptoms of this form of amaurosis are: Sudden blindness, either partial or total; marked pallor of the optic nerve, contracted retinal vessels, dilated pupils, which do not respond to light, and partial or total color blindness. Recovery takes place in many cases, but no treatment seems to affect the disease.

J. A. T.

Therapeutics.

Under the charge of Lous Lewis, M. R. C. S., Philadelphia.

VALUE OF GOOD MALT PREPARATIONS.

In a recent issue of the New York Medical Journal, Dr. Eccles, of Brooklyn, comments on the dangers of substitutions in the malt preparations, as follows:

"Dextrose syrup, under the commercial name of glucose, is only worth from a cent and a half to two cents a pound if bought in large quantities. It is of about the same consistence as a thick extract of malt, and could easily be used as an adulterant. A pure malt preparation costs vastly more, so that the desire to mix them is quite tempting to an unscrupulous person. The practical difficulties in the way of detecting such an adulteration are so great that but few would go to the expense or trouble. When the writer had definitely settled upon writing this paper it was resolved that the investigation of the point here raised was important. What would be the use of advocating the advantages of a malt extract to overcome certain evils when the presence of glucose in that very extract would augment the evils sought to be overcome? The easiest way to settle the question was to visit a place where malt extract was manufactured and look out for signs of glucose. Had a factory been near New York where a low grade article was made, our choice for a call would naturally have been to it. Fortune did not favor us in this respect. The only manufactory in this part of the country is one having the reputation of supplying the most active diastatic preparation on the market. I visited Yonkers, went to the extensive works of the Maltine Company, and asked to be shown around. On learning who the visitor was, the chemist in charge took particular pains to show and explain their various processes. He showed me the barley, wheat and oats used, the different preparations that they make, and the machinery employed. I examined their vacuum pans, their malt mills with their fine vernier adjustments for cutting, their great stock of coca leaves for making their maltine with coca wine, their agitators, and their bottling machines. He showed me where they assayed the finished product to determine its diastatic value before sending it out.

"We went down into the storage basement and up in the garret, and keeping my own counsel while watching eagerly for glucose, I found none anywhere or anything that indicated its presence in or around the place. The chemist told me that he had lately succeeded in shortening one part of his work three-quarters of an hour, and so adding to the diastatic value of maltine, high as it was before. He pointed out what was already a familiar fact to me, the great value of maltine as a nutrient, independent of its diastatic power. Practical, clinical experience of its value is abundant. It contains not only the maltose from the digestion of its starch, but the albuminoids of wheat, oats, and barley besides. Chemical analysis places it in the front rank of digestive agents, and a most careful examination of its composition fails to reveal the presence of glucose."

DISINFECTION OF TUBERCULAR SPUTUM BY PARACHLOROPHENOL.

According to "The Medical Week," Dr. A. Spengler has found that parachlorophenol infallibly kills Koch's bacillus. He injected into the peritoneal cavity of guinea-pigs one cubic centimetre of an emulsion of tubercular sputum, prepared either with ordinary water or with a two per-cent. parachlorophenol solution. On killing the animals some time thereafter those that had been inoculated with disinfected sputum were entirely free from bacillary infection, whereas those into which the emulsion unmixed with parachlorophenol had been injected presented, without exception, tubercular lesions.

ESERINE IN TETANUS.

Eserine injected hypodermically has cured tetanus in 12 injections of 2 milligrammes (1-32 gram) each after all usual means had failed.

—Rev. de Therap.

Miscellany.

THE TREATMENT OF GOUT WITH PIPERAZINE.

Among the long array of remedies that has been brought forward from time to time for the treatment of the gouty state, few have been able to secure a permanent foothold. Piperazine, although a newcomer, has already proved a decided acquisition to the materia medica of gout, and the following two cases recently reported by Dr. Heermann, in the Therapist, September 15, 1894, serve well to illustrate its efficiency.

The first case was that of a man aged sixty-six years, who had suffered for twenty years from so-called rheumatic attacks, which had been treated by sulphur baths. During his last attack he came under the author's care, who diagnosed true gout and prescribed lithium salicylate, which, however, was not tolerated. Other remedies of repute were also resorted to with unsuccessful results, and finally trial was made of Piperazine.

At first 8 grains pro die were administered for twenty days, and subsequently the double daily dose for a further thirty days. The action was extremely prompt, and a distinct improvement was to be observed even by the eighth day. After three weeks the patient was able to return to his work, and has continued it without interruption.

The second patient had suffered from gout for thirteen years, experiencing one or two attacks annually, which ordinarily lasted six to eight weeks. The last attack was successfully averted within three days with Piperazine and no relapse had occurred in five months.

Dr. Heermann reports a third case of periodical hemorrhages from the urinary tract with the passage of small calculi and gravel in the urine. The attacks of hematuria lasted two or three days and greatly exhausted the patient, and on examination with the cystoscope, the blood was found to be coming from the right ureter. Under administration of Piperazine the hematuria ceased for nine months, and the patient gradually gained in flesh and strength. These favorable results of Dr. Heermann have been frequently observed in similar cases.

Piperazine-Bayer, prepared by the Farbenfabriken of Elberfeld, may be obtained in half and one ounce vials or in tablets of sixteen grains each, which afford a convenient method of administering this remedy, as each tablet is equal to about the average daily dose.

A REMEDY FOR WHOOPING COUGH.

By R. E. Hinman, M. D., Atlanta, Ga.

Early in May of the present year I received, by the kindness of Schering & Glatz, a sufficient quantity of formalin to thoroughly test it under various conditions. The results prove beyond doubt its remarkable antiseptic properties. Its action as a general antiseptic I shall not dwell on, but desire to call attention to conditions where it showed peculiar and valuable characteristics, especially in whooping cough.

There is probably no disease of childhood so discouraging and intractable, and especially when it appears in juvenile institutions, so persistent in its development of new cases among the uninoculated. On the 15th of June whooping cough, being epidemic among the children at the Crittenden Home, near this city, I was requested to treat them. There were thirteen cases, in all stages, when the treatment given below was commenced. The patients were all placed in a closed room and a one per cent. solution of formalin was sprayed from an ordinary hand bulb atomizer for ten minutes three times a day, the spray being thrown above the heads of the patients, saturating the air and inhaled by them.

A marked improvement was noted within two days, and after two weeks' treatment all were well and no new cases have developed.

In age these cases ranged from three months to four years, with one exception, a girl of about fourteen, whose duty it was to operate the spray.

It was with this last case that the result was most marked. Previous to the use of the spray the paroxysms had been so violent that she would rush to

the open air and cling to some support, and cough until relief would come through sheer exhaustion. On the fourth day of the treatment the cough had so modified that only one or two comparatively mild paroxysms occurred, and after the fifth day none at all.

About the 20th of August, I treated fifteen cases of the same disease at the Inman Orphanage. Here I used the steam atomizer and a one per cent. solution of formalin for twenty minutes, three times a day, the room being closed as before. The result was better from the increase. Recent cases cured within a week, and all in ten days. The attendant, a woman of about 50, reported great relief from the effects of the spray of a troublesome bronchitis of years' standing.

These results undoubtedly prove the efficiency of the drug, and give it a definite position in the treatment of this harassing and heretofore intractable disease.

The simple method of application will appeal to all who have seen the disease in children's institutions, and experienced the difficulty of giving ordinary remedies.

In five cases of scarlet fever its modifying influence was immediate and marked, one comfort to the patients being the complete absence of flies and mosquitoes from the apartment after its use.

I am now testing its efficiency in two cases of pulmonary tuberculosis, but cannot report, as the treatment has only just begun. Its application to diphtheria suggests itself.

—New York Medical Times, November, 1894.

TAPE-WORM.

Prepare patient by dieting; at bedtime give purgatives suitable for removing excess of mucus, which probably covers parasite and may prevent the poison from reaching it. Sulphate of magnesia with tincture of jalap more effective than castor oil. If first dose does not operate, give purgative again next morning, followed by liquid extract of male fern, 1 drachm (4 grammes); one hour later, similar dose of extract, followed in two hours by large dose of castor oil with tincture of jalap. If necessary, Carlsbad salts or other saline aperient for several mornings before beginning active treatment. Two or three doses daily of some alkaline medicine also of use. Smaller doses of purgatives for children, with 1½ drachms (6 grammes) of extract, in two doses.

—Lancet, August 4, 1894.

HYROID EXTRACT IN SYPHILIS.

In the Indian army Dr. Menzies found the extract of thyroids very useful in grave syphilitic states.

The remedy caused the disappearance of all eruptions. Ulcers, granulated and cicatrices, lost their pigment. He also found it useful in ulcerating rupia of the face; eczema, with ulceration of the nasal passages; hereditary syphilis, with softening gumma. Menzies considers this as a powerful skin tonic and valuable adjurant of mercury and alterants.

—Ind. Med. Gaz.

Two Rare Varieties of Strangulated Inguinal Hernia Complicated by Retained Testicle.—Heaton (Lancet) describes two rare cases of hernia. The first was in a man, aged 27 years, who had had a reducible congenital hernia on the right side with undescended testicle. Strangulation occurring, the sac was opened and gut readily reduced, but the patient died on fifth day after from symptoms of internal strangulation. On post-mortem examination the testicle was found toward the iliac fossa, where it had dragged with it a pouch of peritoneum which laid between the general peritoneum and wall of the abdomen. This pouch had a diverticulum which passed into the scrotum. At the time of the operation the included intestines had been pushed from the scrotal diverticulum up into the main pouch, the opening into which from the abdominal cavity had produced the constriction.

The second case, a man aged 45 years, had an undescended left testicle, which was accompanied by a lax bag of fluid. Symptoms of strangulation occurring, an incision over the tumor gave vent to two ounces of clear hydrocele fluid; a thick-walled tumor was found at the bottom of the sac, also an atrophied testicle. The swelling being opened, about six drachms of dark serum escaped and a ragged opening was seen leading into a third sac, which contained a coil of strangulated intestine. It was evidently a strangulated hernia which had in its descent pushed before it the enlarged tunica vaginalis of an undescended testicle as it lay in the inguinal canal—in other words, it was an example of the strangulated encysted hernia of Sir Astley Cooper.—Univers. Med. Magaz.

The Times and Register.

VOL. XXVIII. No. 25. PHILADELPHIA, DECEMBER 22, 1894. WHOLE No. 850.

Original.

ADDRESS DELIVERED BY PROF. JAMES E. GARRETSON, A. M., M. D.

Senior Surgeon of the Medico-Chirurgical Hospital.

AT THE SEMI-CENTENNIAL CELEBRATION OF THE DISCOVERY OF ANAESTHESIA, HELD AT ASSOCIATION HALL, PHILADELPHIA, DECEMBER 11, 1894.

I am to assure this great audience that I stand in its presence overwhelmed by the contrast which separates subject and speaker, and that I find words in deference only to the circumstances of the occasion that brings us together.

It is no profane comparison to suggest that naught but a sense of profanation could associate with a priest who should add words to the lifting of the Host. Does not a priest in the performance of this act set a seal upon his lips? Does he not wrap in vestment which has been blessed the hands that are to touch the sacred symbol? The profundity of the meaning, not to say the holiness, of what seems to me to be among the greatest of God's gifts to man, anesthesia, affect me in its contemplation, as I assume the priest to be affected as he approaches the Host. The full feeling is —be still.

Silence! and its golden meaning!

Surely—forcing ourselves to talking and listening—the gold of anæthesia is silence. Silence in place of agonizing, heartrending screams. Silence in place of cries from the lips of pitying, but helpless, bystanders. Silence in presence of torture shorn of its terror.

On an occasion, now many years back, I was wandering through the lanes and alleys of Sleepy Hollow Cometery, in the town of Concord, Mass., when being led up a hill, I stepped over a low, much abused hedge of arbor vitæ, discovering a plain, low-set stone, having upon its face a single word. When at the foot of the hill, I had found myself surrounded by what would not inaptly bear description as slpendid maussolia.

Upon these marbles were deeply cut many names and the records of many virtues. Neither names nor virtues had, however, significance to me. No chord was struck, no response elicited.

The word upon the low-set stone of the hill top was Hawthorne.

The ring of a bell is its metal. The name of a man is his work. Men who have done something, either as cause or instrument. What reverberations ring out as such names are encountered! Somewhere, everywhere is a sound.

Horace Wells! The name does not, nor will not, still. It rings and rings and rings in distinctness, albeit accordant and discordant sounds are everywhere around it.

The task of reviewing the history of anesthesia was given to the worthy colleague who has preceded me. I am glad of it. Standing, as I feel myself to-day, overshadowed by names and memories—memories of blighted lives, of mental wreckage, of discouragements ending in suicides—what but admiration of the sacrifices made, what but desire to do homage, what else than these should or could fill a human heart on such an occasion! Here Cæsar can be praised, and Rome, too.

A new good is an old gift. Not new in ages past, only because channel was lacking. Electricity before chaos. An Edison, the production of a 19th century. Euphrates, Tigris—both water Mesopotamia. Both, alike, are the Persian Gulf. Not Armenia is the source. A common underspring is the well constituting the Divine afflatus.

My perceptions view Horace Wells as Euphrates and Tigris are viewed;

he and these, and all phenomena, not as things in themselves, but as things in other things.

Whether or not this man was a meditative philosopher to be found oftenest in haunts apart from men, or whether or not he was simply a vessel capable of holding, but never trying to fill itself, I am alike without knowledge as without desire to know. He was filled, however. The river of Lethe found in him a channel. Everywhere over the land flows the stream Nepenthe.

To change a metaphor. Is invention aught but filling a form? Is this not a matter made plain by Plato two thousand years back? Are not forms eternal? forms of things seen yesterday, to-day and to be seen forever. Forms not yet seen. Is invention else than seeing a form and bringing it down from the sky to the uses of men? Materializing it, properly speaking. How as I grow old do I grow impressed with this: The maker of forms, the all, the filler of forms, simple instrument.

It is not even slight departure from the immediate subject of the occasion to make further reference to this matter of forms, for it is not otherwise, according to my conception, that Horace Wells is to be either understood, appreciated, or called the discoverer of anæsthesia.

Was it truthfully, Priestly to whom nitrous oxide owes its discovery? It assuredly was not to Horace Wells. Was or was not anything known of this gas before the day of our own Declaration of Independence? Or is it rather to be put thus: nitrous oxide was phenomenon deductively exposing itself to the chemist out of the droppings of camels upon desert lands: Ammon and ammonia go back to Lybia.

No one has been, or is, greater than Plato. What the dung-burners did, or what Priestly has done, is not credited by him as science, but simply as dealings had with phenomena. "Science," he says, "fritters itself, where its aim is otherwise than knowledge of noumenon. Things unlike are not necessarily dissimilar. The things that lie within things are multitudinous. Who knows, even yet what nitrous oxide is? Who knows even what water is? In a word, who knows what or how much anything is? Nobody.

But the scientist is the evolutionist. Possessing himself of means, he analyzes. Analysis is one, or closely one, with deduction. Science has no thought, or word, or action, outside of matter.

But forms, the true object of science, as affirmed by Plato, constitute the in visible. The music of a musician is not his notes, the poet's inspirations are not grammar. Reality, or at least nearer approach to reality, is back of these. Notes are to be seen by anybody having eyes, and words are to be heard by anybody having ears. But what as to forms, or ghosts, as those are back of notes and words? What are the seers of these? No forms being back of notes and words, there are no notes and words in front of forms. Was not the ghost of anæsthesia with the camel droppings? Was it not with the dudaim, the devil's apple, of the Arab? Has it not been with alcohol since men distilled and knew this agent. Is it not with the poppy through all the ages that fields have been made red by this plant?

In 1540 the oleum vitreoli dulce was first given to the uses of men by Valerius Cordus. He had not the name ether for it, but his oil was of near approach to the ether of Frobersius, and the ether of to-day. Guthrie, Liebig and Soubeiran simultaneously discovered chloroform in 1831. Did Cordus, in 1540, see, or tell anything about a ghost of anesthesia, as this lay in his sweet oil of vitrol? With chloroform filling the bottles of druggists in 1831, was anybody to be found who had been introduced through its use to the wonderland of Euthanasia.

Let here the idea be repeated of nobody knowing what anything is. Cadmus, beyond all men of his times, saw letters. A Shakespeare, beyond all men of his times, say use lying with letters. How many are the expressions lying with letters not yet seen by anybody? Forecast the unwritten poetry!

Here is culmination; and here is the place of Horace Wells in history.

Horace Wells saw in a room at Hartford what had never before been seen by mortal man. He saw anæthesia. It was ages before he was born that ether was materalized, and it was before he was born that nitrous oxide was formulated, and it was when he was in no way thinking about such things that chloroform was brought forth. The seer saw anæsthesia. The sight lay,

as I understand, with a hurt hand of which no complaint was made. Others, many others, saw the blooded hand. In a distant state, about the same time, I myself saw the hurt hand, but none, not one of the many others saw anæsthesia. I think it is not to be denied that some saw a filmy halo that meant anæsthesia. There was a something but what the something was they did not make out. What was seen was seen only to be forgotten. Truly, Sir Humphrey Davy is to be credited with a sight and feeling of the elysium. Ego was differentiated for him by nitrous oxide from environment; but, while he felt and saw, it was separability that was felt and seen, not anæsthesia. His expression on coming from under the influence of nitrous oxide is familiar, "Nothing exists but thought."

Anæsthesia, the thing being truly understood, is barrier between matter which does not feel, and Ego, which is percipient. It is not matter that sees, hears, feels, touches or tastes. Does the matter temporarily composing the cadaver of a dissecting room see, hear, feel, touch or taste? Percipient is away from it; there is neither seeing, hearing, feeling, touching nor tasting by a cadaver; a flute, separated from its player, is wood, having no song in it.

I am not to credit Horace Wells with sight of separability. The "Me and the not Me," is not likely to have been seen even by his external eye. His seership lay with a direction that people delight to call practical. Of many things, hundreds, thousands, perhaps, lying with nitrous oxide he saw one. But what a one! Here begins his glory. Here is to continue his glory. Here, so long as pain is esteemed hurtful and absence of it pleasurable, will the name of Horace Wells be upon the lips of men.

Parallels recall obligations and glory due others. Apples have fallen since first apples began to grow and ripen. Kettles, in which water was being boiled for the evening repast, have opened their iron lips and tried for numberless centuries to say what they had to tell about locomotion. Over the earth and across the face of the heavens electricity has sought vainly until lately for a seer. The sun with his rays full of perfect pictures, brought as free gifts to men, could find no taker.

In the year 1665 a seer sitting under a tree at Woolsthrope found himself able to hear fairly well what a falling apple had to tell about the moon staying where it belongs. Heron, of Alexandria, holding his egotistic ear to the spout of a kettle, heard a story of steam and wrote it down in the shape of his æolipile. Peipin saw the cylinder. Fulton saw a steamboat; Stephenson was, perhaps, the first witness of a train of cars drawn by a locomotive; Thales of Miletus got a story of electricty from a piece of amber. Daguerre, not, however, until the age of the world A. D. 1839, was able to take what the sun had to give of pictures; Mozart, beginning with the use of common sense, and from this passing to the advantages lying with educated sense, dropped at the last both these and put down in form of notes what alone the flowers whispered to him, having found out that education is not always the best teller of things that are to be heard.

Not necessarily to detain. Was anæsthesia, as anæsthesia, known to surgery before 1844 as it became known in that year and since remains known? Not nitrous oxide, not ether, not chloroform, not rapid breathing, but anesthesia.

Who was the man of that year? Horace Wells.

Does this not settle the question?

Let, however, all deserved honor and glory associate with names of workers and experimentalists as these have enlarged application of the inspiration of the Hartford seer: Ether, chloroform, what would surgery do without them?

How could the world do without them? How did the world do without them?

It is not necessary in this presence to enlarge beyond a sentence on the benefits of anæsthesia to humanity. Are not all here assembled doing and experiencing, each after the manner of his work, what I did and experienced only yesterday. Upon the operating table of a hospital lay sleeping, sweetly and gently as ever baby slept, a member of our fraternity. In place of the ordinary neck was a tumor that reached from chin to sternum and from ear to ear. Wherever, as it proved, reaching fingers could reach, prolongations of this mass extended themselves. Salivary glands, trachea, carotid arteries, jugular veins, pneumogastric nerves, all were more or less embraced and wrapped about, yet while so horrible a dissection as was required to remove the mass went on,

sleeping and dreaming quietly continued, nor was any consciousness had by our brother of his terrible experience until an hour later he awakened snugly tucked away in one of the most comfortable of beds, the tender hand of a godly nurse wiping away the cold sweat-drops standing threateningly upon his forehead.

Consider, in contrast, a picture familiar before the day of Wells' inspiration! A mother, her heart welling out in tears, limbs trembling so as scarcely to afford her support, helpless misery characterizing her countenance, despair striking at her with its thongs of flame, follows into a hospital operating ampitheatre a nurse who carries her first-born, which is being brought to the table. Alas! helpless, indeed, is the mother. How more than gladly, how a thousand times more than gladly, would she lay down in place of the child! Cries of mother and child moan through the hospital, and the least sensitive feels his cheek pale. The crucial moment has come: the child is placed and held by force upon the table. The mother is torn away. For a single moment eyes of mother and child have met in parting. A loud, frightened, despairing cry from the child rings from ceiling to floor of the room. The mother drops in a heap and is carried out a raving lunatic; she raves about and curses God as being without pity or mercy.

Let a concluding picture, having relation with the first, help cover the intermediate one—an intermediate one which extended, alas! from the days of the first surgical performance to the year of grace 1844.

A mother brings to a hospital a child whose deformity requires the knife for its correction. Conscious of the power of anæsthesia, the surgeon talks to the parent, while all the while the little patient, pleased and enveigled by the sweet smell of chloroform, is itself anæsthetizing itself. The cutting is done. The child had a dream of roses and gardens and wide fields. The mother has placed in her arms her restored offspring. She has no tears, no words; her contact has been alone with beneficence. She is overwhelmed by the mystery she has met and passed. She says "Our Father which art in Heaven." She says and feels, "there is a God of pity and mercy."

Look at the name of the maker of these pictures of the new time; it reads Horace Wells.

To what extent anæsthesia has cultivated sensibility, I leave every surgeon to judge. Who, if suddenly transplanted into the olden times, being possessed of his present knowledge of anæsthetics, could handle a knife without cutting everywhere else than where it would be desirable to cut; otherwise dying shortly out of sympathy for his patients? Could he say, "Merciful Father which art in Heaven" in place of thinking "Pitiless devil who is in hell? Alas! how near to hopeless atheism may ignorance bring a man. Hail! that knowledge shows God and Father everywhere. Hail to all poets, to the music hearers, to the seers of forms of every kind! Let statues be stood for them in the squares. Let tablets of enduring brass mark their working places. Let us place, and hold them, with the immortals.

Hail to him who has proven to be, perhaps, the greatest of the seers, Horace Wells.

TOXICS.

BY WILLIAM F. BARCLAY, M. D., PITTSBURG, PA.

A poison is a substance which, when taken into the system, and either being absorbed or by its thermal action on the parts with which it is in contact, produces deleterious effects.

It may seem strange that almost all toxics are innocent until they reach the circulation of the blood. Their slow or rapid absorption largely determines their deleterious effects upon the system. In our observations we are reminded from time to time of the idiosyncrasies of individuals, and we seldom inquire into the causes of these peculiar conditions. It is generally attributed to a perversion of the nervous system, but in truth is caused by rapid absorption of the poison, and is modified by the power of resistance inherent in the individual.

Hereditary predisposition and peculiar cachexias in persons are dissimilar conditions and are in no sense identical. Heredity has not been defined satisfactorily, but the conditions of progenitors are transmitted in an attenuated form which underlies their maladies.

When disease is ingrafted into the organism it destroys the equilibrium of

the entire physical life, and there is a want of co-ordination and harmony that is essential to perfect development and health. The continued multiplication of these distorted and diseased germs can in no way be more advantageously studied than by the observance of the results that follow. The non-observance of this law enfeebles and annihilates entire families and races.

As to cachexia it is a law of nature throughout the animal and vegetable kingdoms that the multiplication of likes tends to weaken organic life, and on the other hand that the aggregation of dissimilars strengthens the protoplasmic results of differential unions. The non-observance of this truth produces results to which we apply the word cachexia. In its application to animal life it is so well understood and applied in the union of sexes that the consequent results are most advantageous.

The same principles are applicable to man in his protoplasmic development, and if properly studied and understood are of the most benign character as to perfect physical development. The vulgar opinion prevails that hereditary diseases are innate, and that they lie dormant for a time, and then as it were explode and destroy their victims. This doctrine is as false, as a general rule, as it is ridiculous, as simply a predisposition is transmitted.

Were it true, all such weaklings would die in infancy. It would be infinitely better for all such to die in babyhood than to live and suffer from inherited disease. The great desideratum for the educated and enlightened part of the human race is to consider this truth and put it into practical use, so far as the health, intellect, strength and well-being are concerned, in the multiplication of the race. It is not difficult for the acute and careful observer to indicate the affiliations that will in a general way insure the best results.

Divine as well as human laws condemn consanguineous marriages on account of their painful results.

This great truth has been taught by the most careful, aggressive and learned physicians and surgeons down through the decades that have passed that syphilis and scrofula were identical.

The views of the immortal Doctor Samuel D. Gross have been constantly with me in an experience of over 28 years in the practice of medicine, and have been verified in my observations to my entire satisfaction. That the toxic germs of syphilis are transmissible in the various stages of the disease is incontrovertible and undeniable.

It is probable that there is a living germ for all diseases, and as our knowledge increases upon this subject we will be able to prevent and cure many diseases that are now believed to be beyond prevention and remedial influences. When hereditary disease conditions appear and toxic cause are present they find an easy access into the system and suitable influences for their propagation.

The blood is the life of the body, and constitutes about one-fifth of the entire weight, which enables us to understand how deleterious must be the entrance of toxics into the circulation and their effects upon the economy of life.

The germ theory of intoxication is so well established that there are few members of the medical profession who deny or question its correctness. Toxics enter the circulation of the blood and their action on the normal cells produce toxines, and the multiplication of these products bring on pathological conditions.

Nothing is more easily demonstrated than that the emunctories throw off toxics. All excrementitious matter, when reintroduced into the circulation, is poisonous; urine, bile, feces are poisonous, and become more so after exposure to the air.

In disease many things have to be taken into consideration—the individual, age, sex and other conditions, as well as his environments.

We observe at once upon the entrance of a toxic into circulation of the blood that all the functions of the body are disturbed to a greater or less degree, and that definite poisons are quickly formed, such as ptomaines, leucomaines and others, which is nothing more or less than an altered nutrition. The vital forces are at once impaired, or arrested.

Primarily the circulation, and, secondarily, the nervous system, are impressed and a condition termed shock is superinduced. This state is a most interesting study to the pathological student; difficult of comprehension and explanation. It may be remarked that all the vital forces are similarly affected at

the same time. This vis medicatrix naturas can at no time be more carefully studied and understood than when the vital forces struggle for an equalization and restoration of the normal conditions.

In the state of shock nature seems intent upon relieving herself of all effete matter by the discharge of the contents of each viscus of the body. All such efforts should be assisted by artificial means in restoring a healthy condition.

Vigorous health and strength are maintained by proper food, perfect digestion with healthful environment. In the germs of organic life, disease takes its beginning by the introduction of toxics; thereby the blood is charged and disease sets up.

Certain predispositions are inherited, and the subject rendered more easily affected by specific toxic influences. That all persons exposed to the same influences are not affected is because of a weakened vital condition, thereby rendering them more easily poisoned. All are impressed by the same specific toxic influences under similar circumstances. Molecular and cell life are great mysteries, of which we know very little. The physiological laws of cell life, when properly considered, it is evident, that the mineral and animal constituents are alike being prepared for the building up of the different tissues that constitute the body.

We begin life by the blending of cells that are healthy or diseased, which determine the ultimate result. Further on we are taught that the blood corpuscles are formed in the spleen and long bones, but I would inquire how they are formed when neither spleen nor bones are present in embryonic development?

In organic growth the circulation is first established, the nervous system follows, and seems to regulate the entire development of the body.

The truth I would establish is that disease begins in the cells, and that all treatment employed must be directed and applied to the circulation of the blood. That while we may differ as to the utility and importance of remedies, we cannot gainsay their benign influences when wisely and judiciously administered to diseased conditions.

That a physician can practice medicine and deny the value of scientific medicine is the surest evidence of that want of knowledge to prosecute the work of the sacred art of healing.

Toxics are poisons that produce conditions peculiar and distinct in their final results. We are fully aware of many different forms of toxic life, but at a great loss to know by what means they obtain entrance into the body and circulation. We know that food, drink and the air we breathe are vehicles through which the germs reach the circulation. Contact is necessary that most infectious toxic germs may be deposited in various stages of incubation, but are the same in each disease. Toxics may be classified as contagious, infectious, malarial and thermal.

The vitality of disease germs is variable, and in general terms cannot be specified. The germs of many contagious diseases have been known to retain their vitality for long periods of time, and to readily prove toxic under favorable conditions.

Smallpox, phthisis, pulmonalis, scarlet fever, diphtheria, measles and many other diseases may be cited as illustrations of the viability of toxic germs.

It is true that in the organism there is a continual tendency toward toxinia from the normal physiological processes, which is counterbalanced by the excretions of the body. If for a short time you modify or arrest the eliminations by the emunctories of the body, the whole economy of life is disturbed, and pathological conditions set up, and disease established.

Elimination must take place through five excretory offices. A disturbance or disarrangement of one or more destroys the vital equilibrium of life.

The non or partial elimination of the effete products of nutrition and disintegration generates toxics. The vital forces are a constant barrier through their tendency to equalization of the constituents of the protoplasm of the blood against the deleterious effects of toxics.

The abnormal albumins escape by the kidneys, and destroy renal epithelium; thereby inflammatory diseases of these organs are set up. It may be stated that leucin, tyrosin and many other toxic products of the liver are the results of imperfect excretion.

The body in a normal and state pathological is a receptacle and laboratory of toxics.

I am impressed while considering this subject that by the cravings of the

appetite that nature in this way points out that which she in a general way needs for her sustenance.

It has been a rule of practice with me to permit the sick to eat and drink that which the appetite craves. I have as yet to see good reasons for changing this course of practice.

There must be a perverted nutrition in order that infection can take place in man with a single exception, and that disease is syphilis. In order that disease can attack and harm the human body it must first be prepared for it by pathological influences. If it were not for this necessity the human family would have perished from off the earth before this time in the world's history.

Nutrition is life, and all influences that tend to destroy must first impair it. We must study nutrition in all that pertains to it in its equilbrium. Any disproportion in its constituents impairs and unfits it for its normal use. Perverted nutrition leads to the formation of new substances, which become toxic. That much can be done to prevent and cure disease by change of location is well established. Many lives are saved and much suffering averted by a careful and accurate knowledge of climatic influences. Therapy is too general in its tendencies. A few remedies properly prepared and administered give the best general rsults.

It is to be lamented that venesection is almost forgotten and neglected in the treatment of diseases. We are taught that our civilization has brought about systematic conditions that forbid the use of the lancet. Is it true that we can bring about the same results by our modern therapeutics?

We may enumerate a few therapeutic agents, mineral and vegetable, that aid nature in overcoming the pathological results, superinduced by the introduction of toxics into the circulation of the blood: Gold, arsenic, mercury and iodine, with their compounds, and opium, Peruvian bark, and their alkaloids, with digitalis, aconite and veratrum veridi.

That the practice of medicine is becoming more empirical in the age in which we live is not true, but on the contrary is broad and general in research as to causation and treatment.

Research as to the origin and effects of disease is becoming more general and characteristic. Lesions of the body are more carefully and scientifically studied each year, as we bring to our aid helps in the investigations now going on in our laboratories that simplify and determine the causes of disease as well as the changes it brings about.

We now definitely know the causes of many of the most fatal maladies and apply prevention and cures that modify their ravages to a large extent and annually save thousands of lives and prevent much suffering.

Contagium vivum of contagious germs is beyond all doubt established. The implantation of vegetable organisms in healthy man and their multiplication in the individual infected, and their transmissibility to others, producing a disease similar to the original, is the final termination of theories on the subject of contagion.

Paraciticism is established in a number of diseases in man; for instance, charbon, glanders, phthisis pulmonalis, gaseous gangrene, blenorrhagia, erysipelas, septicaemias, as well as in animals and fowls, swine fevers, symptomatic pustule and cholera.

Each disease is produced by a microbe, and we must wait for the discoveries yet to be made in microbiological research for those not already discovered. The dissemination of microbes is universal, and that all are not alike affected is not so easily explained.

To a healthy man the microbe is less likely to be dangerous than to one not in good health, as the individual circumstances are less favorable for development. A modification antecedent in nutrition renders infection more probable. Fatigue, exposure to cold and wet, nerve excitation, bad food and air, and many other influences are diseases developing causes. Hygienic causes, such as excesses in eating, drinking and venery, with loss of rest and bad air, develop nutritive disorders in which the cells are perverted and a tainted nutrition set up, and amongst these cells the generative elements of ovule and spermatazoon are formed, and by their union will cause the beginning of a new creature, whose cells must partake of the disorders of its antecedents.

In the entire domain of pathological research we know the least about the toxalbumens. The normal physiological albumen is one of the most important constituents of the blood and as yet our

knowledge of it in health is very limited.

It is accurately known when there is a disproportion of the red and white corpuscles, as well as the normal fibrinazation of the vital fluid.

The toxalbumens prevent the formation of the red and white corpuscles.

It may be here observed that in certain pathological conditions there seems to be a third corpuscle, or something that very closely resembles it. In the field of antitoxic treatment there has been in the past fifteen years a large amount of investigation and laborious work in labratory research, and while we can but deplore the futility of sesults, so far as toxic treatment has advanced, we must very highly appreciate the advances so far as causation of diseases is concerned. While it is perhaps too early to draw positive conclusions as to this method of treatment, it may be fairly stated that thus far permanent results are disappointing.

Remedies thus far highly beneficial have been obtained from the mineral kingdom, so far as prevention and cure have prevailed. Prevention is better than cure, and each year the profession of medicine is accomplishing more in this direction.

We are enabled by quarantine to circumscribe plague districts, and by cleanliness, and disenfection to prevent the spread of disease. The good accomplished in this way is inestimable, and the number of lives annually saved cannot be conjectured. The pestilences transmitted from foreign countries under our present immigration laws are a constant menace and danger to our people.

I am unable to recall a single instance of the transmission of pestilential disease from our country to foreign countries. The constant vigilance on the part of physicians as to the prevention of the spreading of disease in different ways is not estimated or appreciated by the people. We seldom hear it referred to; but, on the other hand, the profession is frequently unjustly charged with carelessness in carrying diseased germs to their patients.

Great care should be exercised in treating patients suffering from contagious and infectious diseases, lest the germs might be carried in this manner. From these considerations it appears that when the toxic causes are present their ready transmissibility and easy access to others under suitable influences for their propagation cannot be overestimated. It is probable that there is a living germ for all diseases, and as our knowledge increases we will be enabled to prevent and cure many diseases that are now believed to be beyond prevention and remedial influences.

The profession of medicine is now tending toward specialism, perhaps not in some branches to its best interests, but it certainly is true that the bacteriologist is entitled to a more prominent place than he has yet attained. The sciences of bacteriology and therapeutics keep pace with each other, and annually thousands of lives are saved and much human suffering averted.

The causation of many diseases is beyond our present comprehension, yet the processes, following primary elementary dystrophies, nerve reaction, disturbances antecedent to nutrition and infection are known.

Diathesis is a permanent disturbance brought about by the blending of germs that provoke and maintain pathological processes. It is generally considered a morbid temperment, dwarfing all the powers of animal life.

In conclusion, the laboratory research and scientific investigation of toxics, as to their propagation in cultures, and their introduction into the bodies of man and animals, for scientific and recorded, are the labor of the bacteriologist. We do not presume the labor of a volume, but rather a short review of the scientific work that has been done in this most interesting field of thought and its application in the practice of medicine at the present time.

QUININE IN THE LOCAL TREATMENT OF ULCERS.

Alfodi has noticed that infectious ulcers, which seem to be rebellious to all kinds of treatment, assume at once a healthy appearance and heal more quickly when bathed with a solution of 1 per cent. of sulphate of quinine than when washed with a solution of corrosive sublimate or dusted with iodoform. Regarding simple ulcers, the healing action of the sulphate of quinine is still more rapid.

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HOSPITAL THERAPEUTICS

If the action of the Board of Charities and Corrections last week in refusing to re-elect Dr. Daland to the staff of the Philadelphia Hospital is any criterion, it seems that a hospital physician has no right to exercise his own discretion in the treatment of free patients, who are for the time being wards of the city. In the matter of treatment, moreover, we find that it is a Board of Laymen who are to be the sole judges whether a given method is the right one to follow. Scientific men and physicians, who have given their whole lives to the study of their profession, are to have no authority in the matter. This is, indeed, a novel, not to say peculiar, order of affairs.

At the recent annual election to the staff of the Philadelphia Hospital the old members were all reinstalled, except that Dr. H. A. Hare was asked to supersede Dr. Daland, only one vote being cast for the latter.

As we understand it, the reason given for this action on the part of the Board of Charities and Correction, was that some time since Dr. Daland gave a few doses of nux vomica in place of quinine in cases of malaria. The reason for this treatment (which in our opinion was justifiable, if this was all) given by Dr. Daland was that he wished to study the condition of the blood in these patients during a chill, researching for the causes of malaria, the evidence of which is believed to be removed by quinine.

A point like this should not be hastily acted upon in an adverse manner by a board of laymen. If any unquestionably bad treatment had been used, the proper method would have been to have such charge presented before a committee composed of the hospital staff, subject to a report to the Board, and subsequent action by the latter.

It is well enough to protect hospital patients from careless experimentation, and, perhaps, it would be better to obtain their full consent to anything of the sort, but we believe that the average hospital inmate cares very little as to the methods used for his recovery, so long as he gets well in a reasonable length of time, and that it is poor policy to curtail the legitimate means for obtaining accurate scientific medical knowledge which can only be accomplished at the bedside.

We sympathize with Dr. Daland for his misfortune in being the butt of adverse criticism by the action of a board of laymen, and trust the time will come when our public medical institutions will be in the hands of men of scientific attainment and due appreciation of the needs of the medical profession, for the forwarding of knowledge looking to the cure of disease.

CHRISTIAN SCIENCE TREATMENT.

Another instance has come to light of death by "faith" (?) cure. A young girl is reported to have died in Malden, Mass., without a doctor, because she or her family had pinned their faith to the Christian science treatment. This sort of thing seems to have a good hold of a certain class. Seldom is it allowed to

be carried quite so far, for the most fervent of the students of the so-called "science" are usually pledged to call in a physician in cases of desperate illness.

We can readily see how a disease, affecting secondarily the heart, could suddenly prove fatal, if the danger were not speedily recognized and treated properly; but it is not obvious how a parent can be so neglectful of full duty to offspring, let alone humanity, as to deny a child the benefit of all human aid in sickness.

A suggestive point was once uttered by a New York divine, bearing on the faith cure, in a sermon, the subject of which was "Faith without works is dead." It was to the effect that the Almighty had power enough to heal the sick, if He chose, but that He also undoubtedly preferred to accomplish the feat through the agency of a well-directed pill.

An agency which tampers with the laws of nature, whether it goes under the name of disease, ignorance or Christian science, is as devoid of divine influence as was Judas' betrayal of the Christ.

If we are to expect divine favor we must go to work to get it, and we may be pretty confident that it will not come without an intimate knowledge of natural and moral laws combined with an adherence thereto.

When we have become sufficiently endowed with the noumenon to be able to control the phenomenon by exercise of the will we may possibly cure disease by true Christian science; but as this could only be accomplished by an intimate knowledge of both phenomenon and noumenon we had better stick to the pill.

THE THERAPY OF PHLEBOTOMY.

Homœopathy took the field, the dogma of infinitesimals was promulgated, to be closely followed by another, as a necessary sequence, viz.: that disease is self-limited, or, in other words, that nature unaided is capable of effecting a cure, provided she is not too much hampered by those who would replace her processes by artificial means.

The teachings of the revered Sydenham, of Broussais and Louis, were cast aside with contempt. Emesis, catharsis and phlebotomy, as resorted to by a late generation of practitioners, the modern physician knows practically little of, except from a historical standpoint.

Diagnosis has been rather over-cultivated, the secret processes of deranged physiology have been well mastered, but on the side of medical therapeutics, the cure of disease through constitutional remedies, we have lugged far behind.

Too much time has been spent with the student on pathology, and not enough on the clinical side of medicine.

What proportion of our American graduates know how to perform a venesection, to cup and scarify or apply leeches? Probably, none are taught how to do those things in their student course in college; yet, who that has any practical knowledge of the effects of the abstraction of blood, can deny its marvelous potency?

The venerable Verneuil lately declared, in the French Academy of Medicine, that since the lancet and wet-cups have been cast aside in pleurisy, and the Dieulafoy-aspirator had come into use, the mortality has enormously increased; from the early stages of this malady blood-letting, local or general, acts like magic. And, in the premonitory stages of puerperal convulsions, associated with renal congestion, it is by all odds the safest and most reliable remedy.

It has not been the use; but the abuse of blood-letting, which has made it unpopular. Fashion is the curse of medicine. In the near past it was almost criminal to operate, without saturating the healthy nude tissues with powerful irritants. The antiseptic theory was overdone.

Let blood-letting be revived, and employed with judgment and discretion.

STERILIZATION OF CATGUT BY BOILING IN OLIVE OIL.

Eastman (Annals of Surgery) experimented with the sterlization of catgut by means of hot olive oil. The following are his conclusions: Catgut can be rendered sterile by heating in oil to a temperature of 212 deg. F. for three hours. The method is reliable, cheap and rapid. The quality is not impaired, and gut so treated is more satisfactory as to strength and smoothness than if subjected to the ether-alcohol-bichloride process. A higher temperature than 212 deg. F. is not necessary for sterilization and is an injury to the gut. The material should be wound on reels or cylinders and not on anything with sharp edges.

Medicine.

Under the charge of E. W. Bing, M. D., Chester, Pa.

MEDICAL COMPLICATIONS OF GONORRHEA.

The knowledge of the infectious character of gonorrhea has drawn attention to the rare complications of this disease, which formerly were passed over, as difficult of pathogenic interpretation.

The gonococcus may infect the organism in two ways—by extension of the local disease, giving rise to the surgical complications, referable to the uterus and its appendages, peritoneum, bladder, etc.; but it gives rise to extended and generalized infection, by way of the lymphatic system, producing a condition somewhat analogous to pyemia; at other times it evolves in an insidious manner, without tendency to formation of pus. From this variety the purely medical affections arise. Among these are nervous affections, skin diseases and endocarditis.

Nervous complications—These have been vaguely mentioned by Home, Grell, Peter, Fournier and others; they may be located in the brain, meninges or peripheral nerves; latent hysteria may be developed as a result of gonorrhea.

Hayun and Parmentier called attention to the special manifestations. According to these authors, the symptoms appear some days or weeks subsequent to the appearance of gonorrhea, or during the course of gonorrheal rheumatism. They consist frequently in motor and sensory disturbances of the lower limbs, but sometimes the whole spinal axis is affected. Ephemeral disorders may be due simply to congestion of the cord. When of greater duration they may be due to meningo-myelitis localized in the inferior portion and posetro-lateral portions of the cord.

Nearly always in spinal complications of an acute character, the meninges are involved. Meningo-myelitis shows itself during the purulent stage, more rarely when the clap in cured.

Its duration is variable from fifteen day to six months, or even one or two years.

The prognosis, without being grave, is serious. Certain individuals appear more disposed to spinal affections than others. Arthritis in this class of cases is frequent and should be watched, for muscular atrophy often accompanies the arthitic symptoms.

Cerebral meningitis may develop in the course or decline of an attack of gonorrhea, and in this event it coincides with the arthritic phenomena, which led Bounet and Ball to call it rheumatic meningitis.

Peripheral affections of the nerves are not rare. They generally concern the sensory nerves, especially the sciatic. Fournier called attention to sciatic as a complication of gonorrhea.

It generally appears during the second or third week, and is worst at night. A common character is the presence of a painful point at the situation of emergence of the nerve. It is liable to appear with each attack of gonorrhea. Other neuralgias may also show themselves. They are due to infection rather than to the ordinary causes of neuralgia. Painful spasms of the urethra bladder are due to this cause. Skin affections, simulating measles, purpura scarlitina, etc., are met with as a result of gonorrhea. Heart complications—of these endocarditis is most frequent—may appear during a second or third attack of gonorrhea. Those already subject to cardial affections are peculiarly liable to endocarditis.

The affection presents itself under two forms—it may be simple or infectious, and may result fatally. It is of insidious origin.

Precordial anguish (angina pectoris), palpitations, phrenic pain and irregular fever. These have a short duration generally, but leave behind latent valvular disease, which is easily awakened into activity.

The infectious form usually ends in death. It begins after some weeks of the gonorrheal affections have elapsed by chills, repeated several times a day, followed by phenomena of septic character, as local signs are to be found, cardiac dullness, apix and aortic murmurs, with irreglaur and frequent pulse. The interior of the heart is the seat of warty vegetations and of ulcers; the muscle itself may show ordinary abscess, fatty degeneration or proliferation of embryonic cells. The arteries are the seat of endarteritis of obliterating tendency. Gonococci have been found in the vegetations.

—La France Medicale.

Electro-Therapeutics.

Under the Charge of S. H. Monell, M. D., 44 West 46th St., New York.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

REPORT OF FOURTH ANNUAL MEETING, CONTINUED, FIFTH SECTION, SEPTEMBER 27.

The previous section of this report was devoted to Professor Houston's brilliant paper upon electrocution and the extended discussion which it provoked. The next subject upon the programme was "Induction Currents." "General Faradization" was treated by its originator, Dr. A. D. Rockwell. After referring in a comprehensive manner to the value of faradic currents he declared that the most important thing about electricity in medicine was its influence upon nutrition. Hundreds possess neither outfit nor knowledge of using electricity.

Others stated that as much depended upon the method of the application as upon the selection of the current. For instance, a long fine coil, capable of sedation effects, may be so employed as to produce not only stimulation, but irritation when the latter was contra-indicated and injurious.

"Diseases of the Nervous System. The Treatment of Neuritis by the Galvanic and Faradic Currents" was next considered by Dr. Gray. He prefaced his remarks by glancing at the difficulties in the way of learning how to use electricity properly. His experience of twenty years represented chiefly a long succession of ideas undone and displaced by newer ones.

It was at first well-nigh impossible to obtain any clinical knowledge on the subject of electro-therapeutics. It was a little better now, but even now two or three in a hundred would be a large estimate of the number of physicians in the United States who actually know how to handle electricity in regard to meter, battery, electrodes, currents and dosage.

He said it had taken him years of experience and many hundreds of cases to find out what he knows now as to the value of galvanic and faradic currents in neuritis.

The same was true of every practitioner who had arrived at any degree of skill in employing this agent. He got little or no help out of books.

The difference in diagnostic ideas as to neuralgia does not exist with a neuritis. Here we have a definite pathological state to deal with. Dr. Gray considered that in the treatment of neuritis both galvanism and faradism were in the acute stages absolutely harmful and not merely useless. Of this he had not the slightest doubt. At what stage of the disease, then, should electricity be applied?

In neuritis of a mixed nerve he would use faradism, but not before the pain was well under control. In the case of a motor nerve he would simply wait for the cessation of inflammation before applying galvanism. In specific cases electricity of any kind has proved to be dangerous and to light up the inflammation. In ordinary cases, however, Dr. Gray's method was as follows:

Two or three weeks after the acute onset of the neuritis he began with very small currents of galvanism—½ to 1½ mil.—cautiously applied for brief sittings, say for one minute. He claimed that while this treatment was exceedingly beneficial an increase of current to 2 mil., applied for three minutes, would be so injurious as to put the patient in bed. The treatment must be tentative. If ½ a milliampere for one minute, tried for a couple of days, excites no pain and does good, he gradually increases, and only when improvement is advanced does he raise the C. S. to 3 mil. and increase the time to three minutes.

He thought text books in error in regard to electrodes usually recommended. Small electrodes that impinge directly on the nerve are useless, and, moreover, hurt the patient. He preferred a broad electrode, placed above the nerve. This method obtained the best results. He was in the habit of wetting the electrodes and skin with pure warm water, and objected to acidulated solutions, such as he had formerly employed.

Later in the case he used the faradic current.

Dr. Gray then took up the old query

of how much of the effect of electricity was due to suggestion.

Citing cases to illustrate the workings of suggestion when he had forgotten to switch on the current, he declared that he was firmly convinced that we do get a genuine therapeutic effect from electricity. He had seen cases in his clinics of old neuritis, where great atrophy of muscles was present, a case in which, after years of observation, it was evident that a spontaneous cure would not take place.

Again and again he had seen these cases light up and go on to recovery and strength under galvinism and faradism, and he was convinced that there is a therapeutic value in electricity, not equaled by any other agent we possess. It is all-important, however, that a proper instrument should in all cases be made use of.

The ordinary sponge electrodes which constitute the outfit of 99 out of 100 batteries are absolutely worthless. Absorbent cotton is a much better conductor, and makes a better covering for electrodes. He referred to the wide-spread prevalence of defective meters, rheostats and inferior batteries among physicians, and declared that good results depend upon details of treatment and the perfection of the apparatus. He paid no attention to polarity.

Taking up this part of the subject where Dr. Gray left it, Dr. Massy stated that the neurological literature of electro-therapeutics was well-nigh absolutely worthless. Many neurologists failed utterly to appreciate the value of this agent, and he attributed this largely to the literature in their hands. For many years they were almost the only members of the medical profession who were supposed to possess skill in electrical treatment, but little advance was made until gynecologists entered the field and developed its possibilities.

Apostoli had done more for the progress of the science than all the eminent neurologists of the century.

The chief feature of Dr. Gray's method being the brief application of small currents, Dr. Herdman rose and remarked that he had proved that mild galvanism was capable of doing wonders in chronic nutritive disorders. He described a case of six years' duration affecting the lower extremities, in which amputation of the foot was urged by a competent surgeon. This case was cured in three months by 1-10 mil. of galvanic current applied regularly.

Dr. Herdman said that while Dr. Gray dismissed the matter of polarity with disdain, he had himself always regarded it closely, and he would suggest that in those cases where Dr. Gray had felt obliged to delay treatment till the inflammation had subsided, he could not only begin at once but materially hasten resolution if he would select the proper pole, as all skilled electricians now did, and should always do.

At this point the discussion was taken up by Dr. Morton, who agreed with Dr. Gray that mild currents would do in neuritis what strong currents would not. He was afraid of strong currents on human tissues. He, however, disagreed with the great neurologist on the matter of polarity, which he regards as a subject of great importance. He did not see how any one could, at this stage of electrical science, question that there was a great difference in the action and effects of the two galvanic poles.

It is well known that healthy nerve and muscle tissues are slightly alkaline in reaction, while fatigued and degenerated tissues are acid. In electrolysis acids are liberated at the positive pole and alkalies at the negative pole. Electrical action is naturally greatest when the reaction of the tissues and the pole applied are the same. An acid pole would act freest on acid tissues and vice versa, and this seemed to the speaker to explain the famous "reaction of degeneration" formulated by Erb.

Returning to the treatment of neuritis the speaker would not favor the use of currents which, as Dr. Gray stated, could not be used for several weeks till the acute condition had subsided, and which were liable to do harm unless most carefully employed. He advocated rather the application of thick, long, static sparks along the length of the nerve and over sensitive points. In this manner he had treated hundreds of cases, and had never failed to cure a case of sciatica that had come to his clinic. He had applied similar sparks to cases of multiple neuritis. A marked benefit usually followed the first application and the benefit progressed with each treatment till it finally became permanent. Most cases were cured in a month or less.

He spoke from a large experience, and was positive that the long, thick static

spark did no harm to the most sensitive neuritis, and not only did no harm, but did a great amount of good and produced a cure in the shortest time.

Dr. Kellogg next spoke favorably of the sinusoidal current as a pain reliever and also of the high frequency current derived from the static machine by means of a transformer.

Consideration of the subject was then closed by Dr. Gray, who stated that he had never tried the long static spark, hence could not speak of it from experience. He considered the explanation of the reaction of degeneration as rather fanciful, but was willing to act upon Dr. Herdman's suggestion about trying the sedative pole in early stages of neuritis.

Mr. A. E. Kennelly next delivered his lecture upon the "Physics of the Sinusoidal Current," which he illustrated by diagrams of all forms of interrupted current waves.

The representation of induced current travels has been a subject of considerable interest, and was at one time offered as a method of comparing values of currents and determining dosage. As these markings by the graphic method can only be obtained under certain conditions, and as sufficient volume of current is required to act upon the pencil, the method is so far available chiefly for coarse coil and slowly interrupted currents, and has really no practical value, other than that of a laboratory curiosity.

It will not produce satisfactory readings of the high tension, fine coil, rapidly interrupted currents now obtained from the best faradic apparatus, and which are almost exclusively used by gynecologists.

The final session of the convention was opened in the afternoon, September 27, by a paper upon the "Physics of the Static Induced Current" by Professor Edwin Houston, of Philadelphia. It was a current of relatively high frequency, high potential and small amperage. The term "frequency" was synonymous with the number of to-and-fro movements executed per second.

Recently a transformer has been constructed by a French manufacturer, which greatly increases the frequency of the alterations and produces for medical purposes a current which is essentially the same as Tesla's.

S. H. MONELL.

(To be continued.)

AN ERROR CORRECTED.

Owing to an unfortunate printer's error in our December 8 issue, reporting Prof. Houston's paper upon "Electrocution," the resolution referring to the autopsy question is attributed to Dr. Newman. As the preceding paragraph plainly shows, Dr. Newman disagreed with that side of the argument.

The motion to delay the autopsy was offered by Dr. Nunn, of Savannah, and would have been so stated but for the error.

Miscellany.

GROWING PAINS.

Growing pains, defined as pains in the limbs caused by and during rapid growth, and sometimes so severe as to give rise to growing fever, have been diagnosed by the author less and less frequently as the years rolled by until the vanishing point was reached. Cases which have been classed together under this name are the following:

Myalgia from Fatigue.—This is the commonest variety, usually about the knees and ankles after unusual exertion. They are probably due to auto-infection brought about by excessive production of effete materials in the blood and their inefficient elimination. Elevating the limbs and rubbing with the palm of the hand in a direction toward the heart, relieving venous stasis and facilitating a supply of healthy blood to the exhausted muscles, promptly relieves the pain.

Rheumatism.—This is second, if not first in frequency. There is a slight pain in the joints, little or no swelling and very mild fever, and hence the true cause is not recognized; but rheumatic endocarditis frequently develops in these cases.

Diseases of Joints and Bones of the Lower Extremities.—Cases of hip-joint disease and suppurative epiphysitis of the upper end of the fibula, diagnosed by the laity and allowed to go on untreated, are related under this heading.

Fevers, accompanied by pains in the limbs, in one instance proving to be inception of typhoid fever, constitute this class.

Adenitis.—Here, again, the mother still supposes that the lad of sixteen years suffered from "growing pains," but he

was treated for gonorrhea and a sympathetic bubo.

The malady "growing pains," with its frequent concomitant growing fever, like its congener disorders of dentition, as a separate morbid entity exists principally as an article of faith. The complaint still maintains, however, a strong hold on the lay mind, and forms an extremely common lay diagnosis which is often the cause of much suffering, and even death, by leading to the neglect of curative measures at a time when they are most effective.—P. B. Bennie in Arch. Pediatrics.

BEQUESTS TO MEDICAL INSTITUTIONS OF PHILADELPHIA.

By the will of the late Dr. William Goodell, of Philadelphia, the sum of $50,000 is donated to the Medical Department of the University of Pennsylvania. The College of Physicians will from the same source fall heir to $10,000. Dr. Goodell was the eldest son of a veteran missionary to Turkey, and himself practiced medicine for several years at Constantinople.

THE USE OF FORMALIN IN DERMATOLOGY.

At a recent meeting of the Parisian Society for Dermatology and Syphilography M. Potterin reported upon the treatment of skin parasites with formic aldehyde. He considered that Formalin belongs to the safest and most reliable antiseptics, for its vapors diffuse readily even through masses of fatty matter. This property makes it specially suitable for the treatment of deeply implanted sick hair, and also for the disinfection of the hair follicles filled with sebaceous matter. The application of a layer of absorbent cotton dipped in a 2 per cent. Formalin solution, and covered over with an oil-skin bandage, is well tolerated. In case of irritation of the skin, the bandage may be removed for a day.

GONNORRHEA IN WOMEN.

Carry has made extensive researches amongst prostitutes and fallen women of other classes suffering from vaginal discharge. In only one-third of the number was the gonococcus of Neisser detected. Carry insists that the gonococcus is absolutely specific of gonorrhea It is very easy to recognize, being quite different in form from any other microbe. In four out of five cases its seat was found to be the urethra, one in five the cervix. The periuretheral follicles, the vulvo-vaginal (Cowper's) glands, the vagina, and anus are exceptional seats of the gonococcus. Gonorrheal urethritis in women is the most exclusive source of gonorrhœa in man, and the absence of discharge, pain and local tenderness all tend to hide the source of contagion.

—Lyon Medical.

VERY MUCH AFFLICTED.

He had fits of epistaxis
And the weakest of thoraxes
Ever since he had the measles and the mumps;
He was mad for weeks with rabies
And had seven years of scabies
And dyspepsia kept him always in the dumps.

Weak eyes had he from iritis,
Back, likewise, from meningitis,
And the latter scarcely left him any spine;
All the tumors from fibroma
To the deadliest sarcoma
He had grown as thick as hops upon a vine.

Chronic case he had of ptosis;
Symptoms of tuberculosis,
And the action of his heart was out of rhythm;
He had numerous neuroses,
Inanition and chlorosis,
And from birth he'd ne'er been free from rheumatism.

He had falling of the hair, too,
All, in short, that flesh is heir to,
Every ailment in the calendar had he;
He had every kind of pain,
Toothache, bunions and migrane—
Hold—I'm wrong, he never had the housemaid's knee.

—Exchange.

BOOKS AND PAMPHLETS RECEIVED.

COELIOTOMY FOR BILATERAL PYOSALPINX, FOLLOWED FOUR DAYS LATER BY APPENDICITIS.—OPERATION—RECOVERY. By Frederick Holme Wiggin, M. D. Reprinted from the New York Medical Journal for February 10 and April 7, 1894.

A CASE OF CHRONIC PERITONITIS, WITH INTESTINAL AND ABDOMINAL FISTULAE—ENTERORRHAPHY—RECOVERY. By Frederick Holme Wiggin, M. D. Reprinted from the Medical Record, August 11, 1894.

CHAIRMAN'S ADDRESS—SECTION OF OBSTETRICS, A. M. A. By Joseph Eastman, M. D., LL. D. Reprinted from the Journal of the American Medical Association, August 4, 1894.

IMMEDIATE CAPSULOTOMY FOLLOWING THE REMOVAL OF CATARACT. By L. Webster Fox, M. D. Reprinted from the Medical Bulletin.

HYGIENE OF THE EYE. By L. Webster Fox, M. D. Reprinted from the Dietetic and Hygienic Gazette, November, 1894.

EVASCERATION OF THE EYEBALL. By L. Webster Fox, M. D., Professor of Ophthalmology, Medico-Chirurgical College, Philadelphia, Pa. Reprinted from the Codex Medicus Philadelphiae, November, 1894.

HYGIENE OF THE EYE. By L. Webster Fox, M. D.

Notes by the Wayside.

BY ERNEST B. SANGREE, A. M., M. D., PHILADELPHIA.

In times past it has been commonly believed that the studious man was marked by two important characteristics: Burning a peculiar quality of illuminant, known as the midnight oil, and stooped shoulders. Personally, I think the middle of the night, after a hard day's work, is the very worst time to study. The brain is tired and refuses to do its best, just as do tired muscles. One hour in the morning is as goood for me as four hours plodding at night. There are a few who can drive their brains at night to satisfactory work, but the majority, I think, are alike in this respect.

My advice to medical students, then, is to attempt very little studying late at night. It is usually wasted time, and had much better be employed in sound refreshing sleep. At the classical institution I attended I had a roommate who, firm in the belief that midnight oil was the only kind to study by, would sit for several hours in the middle of the night with a pipe in his mouth and fixedly gazing at his book, three parts asleep and one awake, until he would finally close his book and come to bed, ignorant probably of every sentence he had read, but certain that he had been studying. From lack of proper sleep his intellect was dull the next morning, and the poor fellow figured prominently at the foot of his class all the way through his course.

Neither are stooped shoulders any longer a proper sign of great learning; athletics has destroyed that old-time characteristic. Mens sana in sano corpore is generally now the motto. As for myself, though not pretending to any phenomenal erudition, I found some time ago that I was growing shockingly stoop-shouldered. The reason I walked that way was because it was an exertion to keep erect. Knowing, however, that this was not only an ungraceful attitude, but very unhygienic as well, I joined a gymnasium and had the examiner go over me. He very soon proved to my satisfaction that the secret of the trouble lay in the unequal development of the back muscles as compared with those of the chest. Most of the daily muscular exertion of those who are not ordinary laboring men relates mainly to the anterior body, and especially the chest muscles.

The result is that finally the back muscles fail to counterbalance those of the chest, and that one either becomes stoop-shouldered or finds considerable exertion in attempting to keep erect.

If in trying to remedy this matter himself the ordinary man takes up exercising without knowing the exact cause of the trouble, the probability is that three movements out of four will tend still further to develop these anterior muscles, and increase rather than cure the defect.

The examiner, however, to whom I referred, put me on some simple movements, tending to put in action the back muscles. I let the chest muscles severely alone, and in a short time I found that I could walk erect without any of that sense of exertion that was experienced before.

BACILLI IN STREET CARS.

Experiments recently made by Dr. Ezra Wilson, bacteriologist of the Brooklyn Health Department, demonstrates the presence of bacilli in the dust and sweepings of street cars in that city. He has reported a fatal case of tuberculosis in a guinea-pig which had been inoculated with bacilli cultivated from dried sputum found in the cars. Health Commissioner Emory has decided, as a means of disinfecting the stations and cars of that city, that they shall be thoroughly cleansed every three days with a solution of bichloride of mercury. A sub-committee on the prevention of tuberculosis, of the Medical Society of the County of Kings, recently recommended that a city ordinance be passed making it a misdemeanor to expectorate in any public conveyance, but the suggestion was not carried out.

—New York Med. Journal.

CIRCUMCISION FOR INCONTINENCE OF URINE.

A boy 10 years of age had a precipitate way of passing his urine; had a great deal of trouble at school on that count, as he had to run out all at once. I found his trouble was due to a tight prepuce, and he was at once relieved by circumcision.

—Doctor C. W. Shaw in Pittsburg Medical Review.

The Times and Register.

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Original.

PRESIDENT'S ADDRESS.

FOURTH ANNUAL CONVENTION OF THE NEW YORK STATE ASSOCIATION OF RAILWAY SURGEONS. BY M. CAVANA, M. D., ONEIDA, N. Y.

Organization in railway surgery, as in other specialties, becomes valuable to its membership, proportionate to the amount of its educational worth, as the result alone of such organization. The average active railway surgeon, however busy his professional life, is generally willing to sustain the loss of time, the sacrifice of business and the monetary outlay necessary to enable him to attend the conventions of his surgical associatins. But, not unlike other business men, he expects some return for his outlay, some compensation for his loss of time, something more than a short period of rest and recreation and the sight-seeing of an extended railway trip. He expects to gain that which to the truly loyal professional man is more than money, that which can only be purchased by a personal presence at such conventions, namely, such increase in his store of practical knowledge as will enable him to return the better qualified to his field of labor.

To render our conventions thus profitable to our membership and to insure a progressive and prosperous existence, we are of the opinion that for the present at least more attention must be devoted to those important and practical every-day questions of our specialty which as yet remain unsettled. First and most frequently encountered is the question of the extent of the surgeon's liability and obligation to his employer (the railway corporation which he serves), in his connection with cases which are liable to result in claims for damages for injuries received, or to become subjects for litigation when such demands are questioned or ignored.

Gentlemen of the Convention, you will concede the fact that the shrewd surgeon possessing not only the confidence of his patient, but also that of the friends, becomes a power in the sick-room and a very responsible factor in such a situation. Any suggestion from him will always be entertained, and his advice to either sue or settle quite generally followed. Therefore, when requested by our claim agents, shall we, as surgeons in charge of the injured, encourage our patients to accept terms of settlement, which of our own knowledge we know to be fair and liberal toward the patient, and satisfactory and equitable to our corporations? Or shall we adhere strictly to our professional duties, and ignore the interests of our employers in such cases, and permit without even a protest, on our part, the only possible conclusion, that of their drifting into the hands of unscrupulous attorneys?

Claims for damages resulting from railway injuries, like snow-drifts in the deep railway cuts, grow rapidly with age and generally assume immense proportions in remarkably short spaces of time; particularly so following the exchange of the company's surgeons ofr the local pettifoggers, who, the "streptococci" of railway enterprises, infest every locality and infect every approachable case of railway surgery and who universally succeed in either forcing settlements at unjustly exorbitant figures (they pocketing the lion's portion of the amounts obtained) or in compelling on

the part of the railway companies the defense of expensive suits at law.

In the future considerations of this question the chair recommends inviting participation on the part of some of our prominent railway managers or claim adjustors, in addition to our own membership, in order that the conclusion obtained may be as nearly as possible the proper general guide in these situations.

The second important unsettled question is that of the cash value of human life, or the amount of liability in cases where death results from railway accident. This question is now governed by statute, and the death liability fixed at $5000. But the constitutional amendment (Article No. 18), adopted at our recent election, repeals this law, thereby relegating this important question again to the unsettled column. Without questioning the wisdom of the adoption of this amendment, or criticising the judgment of those who were instrumental in submitting the fate of the question to the unintelligent masses, we cannot deny that, while the stages of life, infancy, childhood, youth, manhood and old age vary materially in value, the repeal of this statute cannot but result dangerously to the railway corporations of the State; and that their interests demand our earliest possible consideration and solution of this question, and the establishing of a bisis, for intelligent and equitable calculation as to the cash value of life, in its various stages of human existence.

Question three: Should railway surgeons procure from patients the histories of accidents, and frame therefrom records of the material points bearing upon the causes and conditions surrounding such cases, and when possible over the signatures of the injured parties in the presence of the witnesses? If so, would not much of the prevailing litigation be prevented, settlements of the just claims more easily effected, and unjust or fraudulent demands less often prosecuted? For the solution of this question, the author begs to suggest reference thereof to our able "ally" and co-worker, the New York Medico-Legal Society, with a request for its consideration, and a recommendation to be presented at our next convention.

Question four: May not railway surgery become a potent factor in the suppression and detection of fraud? The principal suggestion prompted by this question is the great need of more liberal legislation bearing upon the rights of defendants in suits for damages. Parties seeking to recover for personal injury should be compelled by law to yield to the defendant, when properly requested, the privilege of a surgical examination of such alleged injury; and refusal on the part of the plaintiff to permit such examination should be evidence prejudicial to the security of the claim. Of course, such privilege should be guarded by reasonable restrictions and necessary formalities, to insure good faith in the application therefor, as well as in its acceptance. Verdicts of juries, finding for the plaintiff (the usual terminations of suits to recover for railway injuries), generally include liberal compensations for the probable continuation of the alleged disabilities for periods of time covering months, years, or even the remainder of their natural lives, and the expensive features in the computation of such verdicts invariably are those of mental and bodily suffering, the loss of valuable time and the requirement of regular care, aid and attendance during the periods of total disability.

In consideration of the fact that a very large majority of the alleged sufferers from railway injuries, being quite securely protected by the existing faulty and incomplete statutes, very generally succeed in deceiving the Courts and juries by assuming to suffer total disability during the trial of their causes, and by volumes of exaggerated testimony from unprincipled witnesses, also frequently succeed in convincing such juries of the permanency of their apparent disability as well; then what is more argumentative of the necessity for better legislation than the proof of the occurrence of complete convalescence in a large number of cases, dating from the very date of the settlement of their claims; also that no redress is by law afforded the unfortunate defendant, who has paid a verdict, covering the expense of a suffering life term, requiring regular aid and attendance. Additional legislation, empowering defendants to compel surgical investigation in cases of premature convalescence, and to bring suit for the recovery of such portions of verdicts as may be discovered to have been obtained by deception and misrepresentation, and providing for the indictment of all the parties conspiring to sustain the frauds,

would also result in materially cheapening most of the claims for damages, and in greatly lessening the number of railway cases upon the calendars of our Courts. In such an event, the unprincipled classes, who now expend twice the necessary energy required to sustain life by honest industry in their diligent searches for defects in the sidewalks and bridges of their localities, and for railway complication upon which to base suits for damages, finding our laws punishing rather than inviting dishonesty, and exposing rather than protecting fraud, would be driven from the field, and their occupation practically ended; and the struggling corporations, supported by their surgeons, would then occupy positions of equal and just advantage with their plaintiffs in our Courts of Justice. Grant to our railway corporations the legal rights of enforcing subsequent surgical examinations and of reclaiming on proven unjust verdicts, then, in the judgment of the writer, we will have discovered the most effectual eradicator and energetic prophylactic in the consideration of that notoriously obstinate and prevalent disability, the railway spine.

Important and unsettled question number five.

Shall we amputate, or shall we wait?

For a period of nearly 200 years the subject of amputation has occupied the minds of the surgeons of the world, and from the beginning of the use of steam railways to the present time no one subject has grown more rapidly in importance, nor is at the present day more frequently encountered by the railway surgeon. Associated with this fact is the astonishing reality that as yet no generally accepted criterion has been established as to when may be the safest and most favorable time for amputation. Abundant evidence and eminent authority may be cited in support of either immediate or delayed interference in cases of crushed injuries; and in consequence the conservative surgeon discovers little satisfaction in consulting his text books or authorities upon the question.

The legal complications so liable to result from the present unsettled conditions of our practice and literature upon this subject are such as threaten to involve the operator in a large percentage of his cases, and suits for malpractice and for the recovery for damages have so frequently followed amputations, that to-day few of our leading surgeons dare even to hold recorded titles to real property. In support of these arguments permit us to submit an example, illustrating present possibilities.

A New York surgeon accepts the care of a case suffering crushed injury of an extremity. He is untiring in his professional attentions to the patient, exercises therein his best possible judgment supported by a liberal consultation and careful following of some of the acknowledged authorities. The patient encounters certain of the unfortunate liabilities, and eventually succumbs. In the malpractice suit which follows, an expert surgical witness testifies that, in his judgment and belief, the amputation should have been deferred to a much later period, or until the line of demarkation had appeared.

The next witness testifies that the amputation should have been immediate or as early as the establishing of reaction following the injury. He also submits rational argument and abundant statistics in support of his assertion.

The third witness expresses the opinion that it would have been much safer practice to have accepted an intermediate period for the amputation. He argues that such interference should be delayed until the patient has been afforded ample time for complete reaction and preparation for the ordeal.

Expert witness number four expresses as his opinion, founded upon a careful review of all material facts in the case, and from his own wide experience with traumatisms, that amputation at any period was inadvisable and uncalled for in this case. He substantiates his assertion by illustrative proofs of recoveries of cases wherein much more extensive destruction of tissue ensued and which recoveries resulted in a very satisfactory degree of usefulness of the injured parts.

In the framing of verdicts in modern medical cases by the illiterate elements composing the usual petit juries can we wonder that in their attempt to weigh the medical evidence or surgical evidence the poor creatures in their despair are forced to the silent inquiry, Where are we at?

The signs of the times point to the State organizations as the coming educators of railway surgery. They are much more wieldy, their conventions more available and their memberships much

less changeable than those of larger bodies; therefore, we feel privileged to urge upon this association the arming for the fray, and equipping for that untiring action that will result in such continuous agitations of our present important unsettled questions as will enable us to establish authortative precedents for the general guidance of the surgeon in his conduct upon the witness stand as well as in the care of the patient.

The interests of our corporations, the welfare of our patients and our own individual safety demand early conclusions in these questions, and especially is this true of amputations. For this reason the programme arranged for the day's deliberations bears evidence of the initatory step toward the coveted results.

The jurisdiction of our organization includes territory richer in resources and more prolific in means for demonstration and experiment than any other State or Commonwealth of the continent. The names appearing upon our membership rolls and those upon the day's programme are sufficient guarantees to the most incredulous of New York State's ability to cope with the task which we urge upon her.

Then may we hope that the programme of our future conventions will bear evidence of satisfactory progress toward the ultimate solution of the now important unsettled questions in railway surgery.

The president's address for 1894 would be conspicuously incomplete without a word of thankful appreciation to the Executive Committee for its able support during the year, and especially to ex-president Chaffee and Vice President Harnden, who, at the time of the active prepartion for this convention, and when the hand of fate bore heavily upon my household, hastened to my rescue and assumed the duties of my office and position in the arranging and perfecting of our programme of to-day. The assurance to my successor in office of as hearty and loyal support on the part of our association as has been accorded me I sincerely petition of our membership for the ensuing year, and I predict from the present promising indications the early occupation of a leading position on the part of our body among the scientific organizations of our nation.

A REPORT ON CERTAIN EXPERIMENTS UNDERTAKEN TO ASCERTAIN THE ACTION OF "SANITAS" OIL AND "SANITAS" FLUID ON THE MICROBE OF YELLOW FEVER.

By A. B. Griffiths, Ph. D., F. R. S. (Edin.), F. C. S., Member of the Chemical Societies of Paris and St. Petersburg; Author of "A Manual of Bacteriology," "Researches on Micro-Organisms," etc.

The microbe of yellow fever was discovered by Dr. Domingos Freire. It grows on nutrient gelatine, and reproduces the disease in rabbits and other small animals.

The object of the experiments recorded in this report was to ascertain the action of "Sanitas" oil and "Sanitas" fluid on the microbe of yellow fever.

FIRST SERIES OF EXPERIMENTS.

(1.) Silk threads were impregnated with Freire's microbe, which were then immersed in "Sanitas" oil, with the result that the microbe was destroyed in 35 seconds.

(2.) Silk threads were impregnated with the same microbe, which were then immersed in "Sanitas" fluid, with the result that the microbe was destroyed in 15 minutes. With "Sanitas" fluid of 25 per cent. strength the microbe was destroyed in 52 minutes; and with "Sanitas" fluid of 10 per cent. strength the microbe was destroyed in 94 minutes.

SECOND SERIES OF EXPERIMENTS.

Two cubic centimetres of "Sanitas" oil and "Sanitas" fluid of 100, 25 and 10 per cent. strength respectively, were separately added to a number of tubes containing pure cultivations (98 c. c. each) of the yellow fever microbe; and in each case the tubes were rendered sterile, or, in other words, the microbe was destroyed.

The destruction of the microbe in both series of experiments was proved by no growths making their appearance in tubes containing nutrient gelatine, as well as by other bacteriological methods.

THIRD SERIES OF EXPERIMENTS.

The heated vapors of "Sanitas" oil were proved to have a destructive action on the microbe of yellow fever—the microbe being destroyed in from 15 to 20 minutes. This is a most important point; and it may be mentioned in

passing that "Sanitas" oil vaporized by the "Sanitas" fumigator should be used in all hospitals, etc., containing patients suffering from yellow fever.

REMARKS.

From the foregoing results I am justified in stating that "Sanitas" oil and "Sanitas" fluid are powerful germicides, and they will prove extremely useful in countries where yellow fever is epidemic.

Experimental tests made by Dr. A. B. Griffiths, F. R. S., F. C. S., show that the following microbes were destroyed by "Sanitas" disinfecting oil and "Sanitas" disinfecting fluid:

	With Oil.	With Fluid.
Bacillus Tuberculosis.	in 25 sec.	in 5 min.
Micrococcus Scarlatinae.	in 10 sec.	in 2½ min.
Bacillus Typhosus.	in 30 sec.	in 5½ min.
Spirillum Cholera Asiaticae.	in 43 sec.	in 6 min.
Bacillus Diphtheriae.	in 28 sec.	in 4½ min.
Bacillus Mallei.	in 25 sec.	in 4 min.

Medicine.

CIGARETTE MAKERS' CRAMPS.

Cigarette makers' cramps has attacked the operatives in the French State tobacco factories. It is very common in Spain, but has not hitherto been noticed to any extent in France. The cramp affects the muscles of the thumb and first finger of each hand.

—N. Y. Med. Record.

INSUFFLATION OF AIR FOR TUBERCULOUS PERITONITIS.

M. H. Follet, of Lille, highly recommends the insufflation of air into the peritoneal cavity in cases of tuberculous peritonitis. He maintains that when laparotomies are performed for this condition, the great relief which almost invariably follows comes through the ingress of fresh air, which sets up a reactionary inflammation of the serosa, that ends in the breaking down and resorption of the tuberculous masses.

He cites remarkable cases wherein the parents of a child of ten would not consent to a laparotomy. He introduced a trocar and drew away three litres of serum and then insufflated with three litres of air into the cavity of the peritoneum. Recovery was prompt and there was no relapse. Moorhoff, of Vienna, treated a case of tuberculosis of the epididymus by this plan with success, in 1892.

He concludes by advising that when there are contra-indications to laparatomy, this is the course to pursue, as it is not dangerous, and usually succeeds.

—Le Mercredi Medical, 12th Nov. '94.

SUDDEN DEATH FOLLOWING RUPTURE OF THE BASILAR ARTERY IN ANEURISMS.

Hoffman, of Vienna, has collected 75 cases of sudden death from rupture of basilar aneurisms; 53 men and 22 women. The greatest number occurring were from the age of 40 to 50 years, in the males, and from 60 to 70 in the females. In one it occurred at the 15th year.

The most common seat of rupture was close to the fossa of Sylvius, though in a considerable number the break occurred near the confluence of the vertebrali. The aneurisms varied in size from a pin's head to a small nut. Atheroma seemed to play but a secondary role here, the underlying cause probably being nervous, vaso-motor or trophic. The evolution of these aneurisms is not attended with any definite symptoms, and pursue a most insidious course until the fatal leak takes place. Death follows from intrameningeal rupture of the vessel, loss of blood and pressure.

—Huitieme Cong. Francais De Chirurgie, 13th October, '94.

FOR TOOTHACHE.

	Grams.
R. Cocaine, hypochlor.	1
Cherry laurel water.	1
Tinct. arnica.	10
Liq. ammonia citrate.	20

Where there is a cavity in the tooth, wet cotton and pack into the cavity. In pulpitis wash the mouth with one ounce of above, and two ounces of warm linseed tea.

COCAINE.

Maurel says that cocaine kills by: 1. Diluting the small vessels. 2. Paralyzing the leucocytes; strong doses taken by the stomach act in this way. The toxic effect is proportional to the number of leucocytes paralyzed. Small doses, hypodermically, or in the veins, may act by paralyzing some cells which may then become emboli. Large doses may be injected into the arteries without killing the animal. The action of quinine is similar.

—Prog. Med.

STROPHANTHUS AS A REMEDY IN ALCOHOLICISM (SKWOZOW).

The author communicates three observations on intermittent or periodical drunkenness treated by tinct. of strophanthus, in doses of seven drops, three times a day. Before the dose, the patient was nauseated, but had no vomiting. After two or three minutes he experienced a sense of heat, with profuse sweating, and disappearance of the nausea. After the second dose the desire for alcohol vanished. There were neither delirium nor hallucinations. This reaction of strophanthus is limited strictly to alcoholism; it does not so react in persons, healthy or sick, where there is no alcoholic intoxication in question.

* * *

Pœhl has obtained good results in cholera by the injection of spermine. A Russian paper says that erysipelas will arrest cholera; when the former supervenes over the latter.

SYPHILIS AND GENERAL PARALYSIS.

Fournier asks what is the connection between general paralysis and syphilis, and says that this problem will not be settled until the following questions are satisfactorily answered.

Does there exist as a possible result of syphilis a clinical series of symptoms which merit the name of general pseudo-paralysis of syphilitic origin?

Can true general paralysis be derived from syphilis, and if so, in what degree of frequency? If a sequence of syphilis is it due to that cause, as to its origin, or does it simply partake of the nature of that complaint, and is it differentiated by any clinical character from general paralysis due to other causes?

When syphilis attacks the brain it sometimes gives an ensemble of symptoms, recalling those of general paralysis, but the pseudo-paralysis is not a morbid entity different both from cerebral syphilis and from general paralysis; it is simply a particular variety of cerebral syphilis.

In many cases there is a relation of cause and effect, as many subjects of general paralysis show syphilitic antecedents. Some think that syphilis only produces paralysis on a ground already prepared by some other cause, as heredity, nervous heredity, alcoholism, etc. Others hold that, on the contrary, syphilis prepares the ground.

According to another theory general paralysis like tabes and other manifestations of the same kind are the result of septic infection, due to a microbe, which at present is unknown in the case of syphilis. The question is, should paralysis in syphilitics be regarded as of syphilitic nature or of syphilitic origin. Fournier thinks it should be included in the group of parasyphilitic affections, those which, although of syphilitic origin, still are not syphilitic at bottom.

The differentiation is as follows: That parasyphilitic affections do not depend necessarily and exclusively on syphilis as the cause, and that they are not influenced by specific treatment.

—Courier Medical.

NOTES FROM L'UNION MEDICALE DU CANADA.

Dr. Da Costa is of opinion that very hot water favors the arrest of the circulation, while tepid water favors the course of the circulating fluid.

He also recommends the addition of a large quantity of red pepper to the food, in cases of delirium tremens.

* * *

Hare thinks arsenic is a specific in minor chorea; it must be given in ascending doses; also that barium chloride is often an active cardiac tonic, where digitalis does not act favorably.

Electro-Therapeutics.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

(Concluded in this number.)

The closing session of the convention was devoted chiefly to the currents derived from static machines. Following Professor Houston's paper upon the physics of the static induced current, Dr. Kellogg presented a paper upon his sinusoidal apparatus. He had discovered the way to produce a peculiar electrical current in 1883, but did not then know that it was "sinusoidal." Dr. Arsonval discovered it again in 1892, four years after an account of it had been published in America. A year afterwards (1893) it was "discovered" for the third time, and placed in the hands of several investigators to determine its value. Its

original discoverer, who had used it for eleven years and made over 20,000 applications of it, considered it of great value. It excites all the sensory, secretory and motor nerves, and nerves of special sense, without producing pain. It is capable of producing considerable anesthetic effect. It has advantages over both galvanic and faradic currents, the latter of which it resembles in some respects, as it causes no destruction of tissue. It does not create soreness when strong muscular contractions are induced.

Passing on to the therapeutic rises of his current, Dr. Kellogg claimed for it about the same scope as is claimed for the "static induced." He did not consider it a substitute for galvanism or statis, but thought that it could replace faradism altogether.

Dr. Holford Walker, of Canada, said that he had in use in his office the sinusoidal machine called the Kennelly alternator. He now considered his fradic battery a dead letter. In fact, never opens it, as he is so pleased with the alternator. Owing to its freedom from irritating qualities it could be used with great satisfaction on children. For instance, a boy was brought to him who had been troubled for four years with enuresis, due to diphtheria. He had been treated by every known means without success. Both galvanic and faradic currents had been employed in general ways and did no good. Dr. Walker substituted direct, local applications of the siusoidal current through rectum and urethra. The case improved after the second treatment, and in six months was cured.

In another case of pelvic neuralgia in a woman aged 30, married six years, bipolar treatment with the alternating current readily cured. He considered it excellent for neuralgias. Another speaker declared that while the sinusoidal current had a place in gynecology it could by no means supplant the faradic, as now obtained from high-grade apparatus. It diffused less, did not affect so wide an area of tissue when administered by the bipolar method, was less efficient as a stimulant and was surpassed by the high tension faradic in reaching the painful spots and relieving them.

Patients on whom he had tested both could at once distinguish the difference and preferred the effects of the faradic. While sedative to a marked degree, the sinusoidal current was not a tonic like the faradic, and as both poles were alike this reduced its efficiency to that of a one-pole machine, while the faradic had two effective poles sufficiently different in their qualities to add a great variety to the capabilities of the current. He stated that if he had to choose between the sinusoidal and the faradic he would take the faradic every time.

A paper translated from the French by Drs. Gautier and Larat was read by the president; a method of regulating the sinusoidal current was described, and the session came to an end by the presentation of the report of the Committee on Standard Electrostatic or Influence Machines.

The chairman of the committee stated that the report was one of immense comprehensiveness and could only be scratched on the surface in the short time allotted him. The physiological effects of static electricity are pretty much all that are produced by all electricity. It sets free the potential energy of the cells of the human organism. That is, it excites the cell in such a way that its inherent energy is liberated. Its wide range of effects vary with and depend somewhat upon the manner in which it is applied. It causes contraction of the protoplasm, both animal and vegetable. It excites nerve fibres, nerve cells and nerve centres. All of them are excited to functional action, and caused to produce their separate effects—motor, sensory, special sense, secretory, sympathetic, vaso-motor, etc. It has a mechanical action. It disturbs the molecular arrangement of tissues and causes a new structural arrangement, resulting in modifications of nutrition.

It has a cataphoric action and can be made to transfer metals and convey medicaments into the tissues. Its general effects are of great range and astonishing importance. They may be briefly stated as follows: It promotes nutrition of every part it excites; produces marked local and general circulatory effects, and stimulates the vaso-motor nervous system. It promotes metabolism and tissue metamorphoses; creates a feeling of refreshment to the system; causes the reabsorption of exudation material of a chronic nature and has a revulsive action upon the skin. It is both a cutaneous sedative and counter-irritant, and makes a powerful peripheral impression of great value in neurasthenia.

The subject of reflex pains is of constant interest to a physician. Pains are often referred by patients to points distant from their origin. Possibly a pain travels along the path of least resistance, and in its outward track it prepares the way for the return of a curative influence along the same path. No matter how far from the local irritation a reflected pain may manifest itself, spark the sore place and the impression will track the pain to its seat and drive it out. We can't cure altered stricture, but we can correct functional pains and often relieve organic pains by setting up powerful ingoing impressions and displacing the pain.

The list of diseases in which static electricity can be beneficially employed is a long one. Its great fields are nervous and functional conditions. In cases of mal-nutrition it is an excellent tonic. Neurasthenia, hysteria, neuralgia, nervous headaches, etc., are rapidly controlled by it. In cord diseases it affords relief from various forms of pain, even when lesions are advanced beyond cure. It is invaluable in muscular rheumatism, chronic synovitis and chorea. It is one of the best general tonics we possess, and as such is easy and agreeable of application, and can be used in a great variety of cases. In the treatment of paralysis of curable forms it is

one of the most successful agents we have. Much more could be said, but time forbids.

This ended the work of the convention, and it adjourned to meet next year in Toronto, Canada.

LESSONS OF THE CONVENTION.

For six numbers of the "Times and Register" this department has been devoted to the report of the work done at this meeting. It was an important gathering, and represented the most serious endeavors of the year in the field of medical electricity.

The programme for the three days was elaborate and well arranged. Besides the President's address it included the reports of seven different committees on scientific questions, the exhibition of apparatus and formal papers upon 34 subjects and electro-therapeutic problems distributed among about 30 speakers.

A fair proportion of these papers were new and valuable, but much of the matter prepared for this meeting was nearly a repetition of similar papers presented to the convention last year. The net result of committee researches upon "standard" instruments was disappointing. It was equally so a year ago. If the promises made are kept, the reports next year should be of much greater value. It would be difficult to point out the direction of the greatest advance made during the year in electro-therapeutics as shown by the papers read at this convention. The co-operation of such able electrical engineers as Messrs. Jenks, Houston, Thomson and others was a mark of progress. The horizon of medical electricians has been too narrow. The greatest trouble with medical electricity is not that it is in its infancy as a therapeutic agent, but that so many of those who use it remain in a state of infancy in regard to it. They learn perhaps to operate one form of battery, and they acquire mistaken ideas in regard to others. The errors repeated in text books mislead them, or confuse them, and they try to educate themselves from dealers' circulars. The result is not in the direction of sound progress.

The most pitiable lesson taught by the convention was the lack of agreement among the teachers of the art who are the "authorities" to whom the profession looks for reliable advice. What one asserts, another contradicts. The committee on coils hopelessly disagreed. Every member held to a different opinion. In many of the discussions opposite views were expressed upon what should have been questions of fact alone.

The disposition to exploit something which the speaker himself claimed to have "originated" was marked. Old straw was threshed over in some cases to the point of fatigue.

Reviewing the whole work of the meeting impartially, it must be admitted that great progress has yet to be made in reconciling disputed points and in establishing standards of principle. When specialists quarrel over elementary facts how can the ordinary physician feel confidence in recommending "Electricity" to his patient? They should "get together" and harmonize practice. One very distinguished speaker at the convention stated that not two physicians out of a hundred understood how to handle this agent with respect to metre, battery, electricity, etc. If he had said that no man should be considered a competent electro-therapeutist unless he was practically expert in the selection, care and operation of the most approved forms of galvanic, static and faradic apparatus, and could skillfully apply constant, alternating, interrupted, induced, sinusoidal and cautery currents to therapeutic uses, he could have truthfully declared that our decade has not produced a dozen such. Nor will it, as practice is conducted now. Electrical practice is sub-divided into partial specialties to its great detriment.

A great neurologist states that in his opinion the galvanic and faradic currents are all a doctor requires. Dr. Walker informed the convention that "his faradic battery was a dead letter since he purchased an alternator." Another authority replied that "he would prefer his faradic every time." A third would choose his static machine. A fourth preferred his own original sinusoidal apparatus. Relative values are lost sight of in the statement of personal preferences. The result confuses those who are seeking to learn. This condition of affairs grows out of the fact that scarcely any two "authorities" use the same kind of apparatus. They also work, perhaps, in different ways.

The gynecologist contradicts what the neurologist says, and those whose faradic battery is an old, single-coil coarse wire affair (even though expensive) try in vain to follow the teachings of the author of a modern treatise who got his results with an improved high-tension coil. The nerve specialist whose name is so celebrated that to question his authority would excite ridicule, advocates a certain treatment of neuritis, and when two other able electricians suggest radically different methods as more successful, the first speaker appears to be in practical ignorance of them. This is disastrous to the good repute of electro-therapeutics. To those who happen to be well informed upon the particular branch of the science under discussion the admitted inexperience of men called experts belittles them and detracts from their professional standing. The display of a more general knowledge of all the used forms of electricity, each of which has a valuable place in therapeutics, would be more effective to popularize the subject than so large a proportion of dictatorial ignorance. Year after year each "teacher" reasserts his particular teachings, repeats his contradictions of the teachings of others and apparently makes no attempt to test what is unfamiliar to him and arrive at any estimate of the comparative values in different methods.

S. H. MONELL.

(End of Report.)

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